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PART I.—ESSAYS, MONOGRAPHS, AND CASES.

On the subject of Priority in the Medication of the Larynx and Trachea.

By HORACE GREEN, M. D.

I feel that some apology may be considered due from me to the readers of the MONTHLY, and to my professional brethren generally, for claiming their attention to the matter of *priority* in the application of a solution of nitrate of silver to the interior of the larynx and trachea.

If so, let it be remembered—as many of the profession certainly will remember—that, when the subject of cauterizing the mucous membrane of the air passages was first brought before the medical public, many years ago, by the writer; when it was asserted that a sponge-probang loaded with a solution of nitrate of silver, “could, not only without injury, but with manifest advantage in disease, be passed through the glottis and larynx down into the trachea;” that then, the *savans* in the medical profession pronounced it an “anatomical impossibility,” an “unwarrantable innovation in practical medicine;” whilst many others, anxious to echo these sentiments, but less cautious of their phraseology, did not hesitate to denounce the author a charlatan, and his practice a “humbug!” If, in connection with these antecedents, it is remembered that now, when this once condemned practice has gained adherents among the best of the profession in every country, and is admitted, by high authority, to be not only a “most valuable addition to practical medicine, but that the results of this method of treatment will lead to important changes in the prophylaxis and cure of pulmonary phthisis;” * when nearly all the leading journals of Europe have

* British and Foreign Medical Review, Vol. XXIV., p. 504.

reviewed and, in every instance, have commended the practice; when many foreign books and monographs have been written on the different diseases of the air-passages for which this treatment is appropriate, in all of which reviews and works, the credit of the introduction of topical medication to the air-passages has been accredited to the writer;—When, I repeat, after all these things, the attempt is now made in Europe (as it had been done repeatedly before in this country, and by those too who were, at first, the foremost and the loudest to denounce the practice and its author) to give the priority of the treatment to others, who never shared, in any degree, in the obloquy attending its introduction; it will be admitted, I think, that there is a propriety in submitting to the candid portion of the profession, the question involved in the following statement of facts.

A few days ago, my friend, Dr. Mott, of this city, put into my hands a copy of the *Gazette Hebdomadaire de Médecine et Chirurgie*, which was published in Paris, Jan. 27th, 1854. This No. of the *Gazette Hebdomadaire*, which is a widely circulated medical journal, contains the following letter, addressed to the editor, by Dr. John G. Adams, of this city.

“MONSIEUR LE REDACTEUR—

J'ai, par l'obligeant intermédiaire de M. Robert, fait hommage à la Société de Chirurgie, dans sa séance du 4 Décembre, 1853, d'une tige porte éponge à trois branches, entièrement semblable, *pour la forme*, à celles dont on se sert aujourd'hui à New York, avec les modifications imaginées par M. le docteur Buck, Chirurgien de New York City Hospital, et les perfectionnements de M. Charrière, fils. Permettez moi d'entrer, à cette occasion, dans quelques détails historiques et pratiques.

La priorité a été réclamée, au sujet de l'invention de l'instrument lui-même et au sujet de son introduction dans la cavité laryngienne.

Je puis affirmer, après des recherches consciencieuses, que l'instrument a été imaginé par M. le docteur David Green, dans le but d'appliquer une solution de nitrate d'argent au larynx, au pharynx, et à l'œsophage. Il se servait d'abord d'un cathéter mâle, avec un morceau d'éponge attaché au bout par un fil. Après plusieurs expériences, il a fini par adopter une tige en baleine, courbée en quart de cercle avec une éponge attachée par des fils solides. Cet instrument avait un inconvénient: les fils s'usaient en peu de temps; l'éponge pouvait se détacher, accident des plus graves si elle eût été à ce moment engagée dans le larynx. En outre, on était obligé d'avoir un grand nombre d'instruments, pour ne pas employer la même éponge chez plusieurs malades. M. Buck a fait fabriquer une pince d'argent, à deux branches, avec un anneau coulant destiné à fixer l'éponge. Enfin, plus récemment, ayant eu occasion de demander une pince semblable, à M. Charrière, fils, celui-ci jugea utile d'y ajouter une troisième branche, pour mieux retenir l'éponge et éviter tout danger d'échappement. Dans l'instrument ainsi construit, une des branches est munie d'un point d'arrêt, par-dessus lequel peut passer un anneau coulant constricteur, à l'aide d'une encoche de baïonnette; une fois que l'anneau a traversé le point d'arrêt, on

lui fait exécuter un demi-tour, et alors, ne pouvant plus reculer, il fixe l'éponge de la manière la plus solide.

Maintenant, qui s'est servi le premier de cet instrument, pour porter une solution caustique jusque dans le larynx? M. Horace Green, de New York, soutient, dans l'introduction de son ouvrage sur la bronchite, qu'en 1841, deux ans avant la publication de la traduction en Anglais de l'ouvrage de MM. Trousseau et Belloc, il avait l'habitude d'appliquer la cauterization au larynx. Je dirai, à ce sujet, que les travaux de MM. Trousseau et Belloc étaient ultérieurement connus en Amérique, où M. le Professeur J. M. Smith en avait parlé dès 1828, dans ses leçons à l'Université de New York.

En France on a mis en doute la possibilité d'introduire l'éponge jusque dans le larynx. J'ai, pourtant, constaté ce fait par trois fois, de la manière la plus formelle.

M. Green va plus loin : il affirme avoir pénétré *dans la trachée jusqu' à sa bifurcation*, et cela facilement et sans inconvénients. Je me borne à répéter l'assertion.

Agréez, etc."

"JOHN G. ADAMS,

Ancien Secrétaire de l'Académie de Médecine de New York,

Ancien éditeur du *Medical Times* (New York), etc."*

* [TRANSLATION.]

"Mr. Editor—

Through the kind intermediation of M. Robert, I submitted to the Surgical Society, at its meeting on the 4th of December, 1853, a sponge probang, with three prongs, exactly similar, in respect to form, to those now in use in New York, with the modifications invented by Dr. Buck, Surgeon of the New York Hospital, and the improvements added by M. Charrière. Allow me, at this time, to enter into a few historical and practical details.

The priority of the invention of the instrument itself, as well as of its introduction into the laryngeal cavity, has been a matter of dispute.

I can affirm, after conscientious investigation, that the instrument was invented by Dr. David Green, with the design of applying a solution of nitrate of silver to the larynx, the pharynx, and œsophagus. He, at first, made use of a strong catheter, with a bit of sponge fastened to the end with thread. After several experiments, he finally adopted a whalebone, curved in the form of a quarter circle, with a sponge fastened by strong thread. This instrument was inconvenient in one respect: the thread became worn after a little time, and the sponge might get unfastened, an accident which would be attended with the gravest consequences, should it occur while in the larynx. Besides, it was necessary to have a great number of instruments, in order not to use the same sponge for several patients. Mr. Buck caused silver forceps, with two prongs, to be manufactured, with a sliding ring intended to fasten the sponge. Finally, having recently had occasion to procure similar forceps from M. Charrière, he (M. Charrière) judged it expedient to add thereto a third prong, in order the better to hold the sponge, and to avoid all danger of escape. In the instrument thus constructed, one of the prongs is armed with a catch, above which a sliding-ring can pass, by means of a notch and slide of the form used to fasten bayonets; when the

That attempts to do me injury were being made among my professional *confrères* abroad, and especially with those who have honored me with their acquaintance and correspondence, I have been for some time fully aware. Indeed, before Dr. Adams reached Europe I was given to understand, from a reliable source, that such efforts would be made; and these intimations were fully confirmed by letters subsequently received from my friends in Europe, and through other sources. This matter, then, comes not unexpectedly, and I have only been waiting for some such public manifestation as is exhibited in the above letter, to counteract, in the best way in my power, the injuries attempted to be wrought by Dr. Adams, in the fulfilment of his *honorable* and *patriotic* mission.

With regard to the *priority* in the invention or improvement of this particular instrument, I have nothing to say, although every medical man who has visited me during the last four or five years, might have seen an instrument, its counterpart in every essential characteristic, which has been in use in my office since 1849. This instrument for cauterizing the larynx was invented by my friend and assistant, Dr. J. W. Richards.

This matter of the instrument, however, is of but little moment; yet Dr. Adams considered an improvement, or slight modification, in a throat probang, made by "Dr. Buck, of the New York Hospital," of such grave importance, that he first induced M. Robert to bring it before the Society of Surgery, in Paris; and then publishes, with a drawing, a full description of it, in one of the leading French medical journals! In doing this, however, Dr. A. takes the occasion to utter so many misrepresentations (not to characterize these acts by a harsher term) with respect to myself, and the priority

ring has once passed the catch, it must be turned half-way round, and then, not being able to slip back, the sponge is fastened in the strongest manner.

Now, who first made use of this instrument to carry a caustic solution into the larynx? Mr. Horace Green, of New York, declares, in the introduction to his work on bronchitis, that, in 1841, two years before the publication of the English translation of MM. Trousseau and Belloc's work, he was in the habit of applying cauterization to the larynx. I will say, upon this point, that the labors of MM. Trousseau and Belloc were further known in America, where Professor J. M. Smith had spoken of them as early as 1828, in his lectures at the University of New York.

In France, the possibility of introducing the sponge into the larynx even, has been doubted. I have, however, fully proved this fact three times in the most formal manner. Mr. Green goes farther: he affirms that he has penetrated *into the trachea as far as its bifurcation*, and that too, easily and without inconvenience. I limit myself to a repetition of the assertion.

Accept, &c.,

JOHN G. ADAMS,

Former Secretary of the Academy of Medicine, of New York,

Former editor of the Medical Times (New York)."

of the introduction of medication into the cavity of the larynx, and has made these statements, as I have learned from other sources, to many of my professional friends in Europe, with the manifest intention of injuring me in their estimation, that I feel compelled to adduce certain facts, which can be fully substantiated, and which will disprove most emphatically the assertion of Dr. Adams.

In the first place, Dr. A. declares, that the priority of invention of the instrument for cauterizing the larynx, as well as that of its introduction into the laryngeal cavity, has been a matter of dispute.

2d. That after "conscientious investigations," he can affirm that the instrument was invented by Dr. David Green, with the design of applying a solution of nitrate of silver to the larynx.

3d. That "*Mr. Horace Green*, of New York, declares, in the introduction of his work on Bronchitis, that in 1841, two years before the publication of the English translation of MM. Trousseau and Belloc's work, he was in the habit of applying cauterizations to the larynx."

That "the labors of Trousseau and Belloc," Dr. A. will say, were known in America, where Professor J. M. Smith had spoken of them, as early as 1828,* in his lectures at the University of New York.

Now, each and all of these assertions, as Dr. A. "conscientiously" knows, are without any foundation in truth.

The facts, in relation to the history of the instrument for medication of the air-passages, and of the diseases for which this practice was particularly instituted, are briefly these. In 1832, as I have stated in my work on "Diseases of the Air-Passages" (p. 45), a case of well-marked *follicular disease* came under my notice. It occurred in a clergyman in New England, and was the first case to which my attention had ever been called. The disease had extended into the larynx, producing constant irritation in those parts, and an entire loss of voice; and this in a robust individual, otherwise in good health. All the ordinary means of treatment then known for laryngeal diseases, such as local depletion, counter-irritation externally, with alteratives and antimonials internally, were perseveringly employed, without in any degree relieving my patient. During the treatment of this case, another of equal interest and importance came under my observation. This patient was the Rev. Dr. Lindsly, then the officiating clergyman of Park Street Church, in Boston, who, from the severity of the disease, was

* The works of Trousseau and Belloc were not published in Paris until 1837, yet Dr. A. affirms that they were known in America, "where Professor J. M. Smith had spoken of them in his lectures at the University of New York, as early as 1828"! This is a remarkable *anachronism* to be made by one who claims to be so "conscientious" in his researches.

obliged, for several years, to relinquish altogether his official duties. The similarity of the symptoms in these two cases, the persistence of the disease, and the utter failure of all treatment to benefit my patients, called my attention, very decidedly, to all these points. It was in the first years of my professional life, and, until then, I had not lost my faith in the certainty of the healing art. From this time, I set about my inquiry into the nature of a disease whose pathology and treatment could not, I was confident, be found in the books. For this purpose, when I could leave my country practice, I visited, at different periods, the principal hospitals in the United States. I addressed letters of inquiry, on the subject of this disease, to eminent medical men, as some of them, now living, will remember. I collected together the history of a large number of cases of the disease, then called "Clergyman's sore throat," "Throat ail," &c.; and from all these, and from subsequent observations, I adduced those views which I have elsewhere given, of the nature and pathology of "Follicular Disease of the Air-Passages,"—views, which, in this connection, I may be permitted to say, have been since adopted by almost all pathologists who have written on the subject. In 1838, two years after my removal to this city, I visited the hospitals of Europe; and one of the principal reasons for making this tour was, to ascertain from the medical *savans* in Europe, if any discoveries or improvements had been made by them in the pathology and treatment of laryngeal and pulmonary diseases. It was whilst absent at this time, as I have before stated in my writings, that I obtained, in a conversation with Sir James Johnson, of London, who has since died, the first idea I had ever entertained of the possibility of entering the cavity of the larynx with medical agents. At this interview, in alluding to the difficulties and the uncertainty which attended the treatment of laryngeal disease, Dr. Johnson intimated that all modes of treatment would fail us, until appropriate therapeutic remedies could be applied directly to the lining membrane of these parts. This observation, in connection with my past experience of the nature of the disease, and especially of its local character, made on my mind an abiding impression.

As I state in the introduction of my work, I returned home from Europe the middle of November, 1838. On the 26th of November, ten days after my arrival in New York, the Rev. Mr. Tilden, of Rutland, Vermont, who had suffered many months under follicular laryngitis, came under my care, and was treated by topical applications of the nitrate of silver to the pharynx and larynx. The history of this case I find recorded in full in my case book at the time; and, moreover, Mr. Tilden still lives, and will testify to these facts. In the course of 1839, I treated many cases of laryngeal disease, by topical medication; and in November, 1839, I reported before the "New York Medical and Surgical Society" (of which Dr. Adams was

at that time a member), some ten or twelve cases of chronic laryngitis,—as the records of that Society will show,—which had been treated by me in the same manner; and yet Dr. A. attempts to convey the impression, by a direct misrepresentation in regard to what I have said in my introduction, that it was not until 1841 that “Dr. Green was in the habit of applying cauterizations to the larynx.” But, on this point, I have only to give Dr. Adams’ own testimony. In the proceedings of the meeting of the New York Medical and Surgical Society, held Sept. 19th, 1840, is the following record: “Dr. Green made some remarks on laryngitis, particularly as it occurs in clergymen; considers the disease as commencing in the fauces and throat. The larynx does not become involved until some time afterwards. Has generally succeeded with local applications and constitutional remedies. Latterly, has used with advantage a strong solution of nit. argent, x to xxx grs. to \mathfrak{z} i water, *introduced into the glottis by a sponge and probang*. Fifteen cases reported in all.”

This record of the doings of the Society is in Dr. Adams’ own handwriting, and has appended to it the signature of “JOHN G. ADAMS, Sec’y.” If any further proof is necessary to establish the very strange perversity of Dr. Adams, in this matter, it may be found in the following facts; all of which can be fully substantiated.

In 1843, four years after I had employed cauterization of the larynx with the sponge-probang, and *one year* after Dr. A.’s own testimony to this fact, the man to whom he now gives priority, *Dr. David Green*, called at my office, and saw, for the first time, my instruments for the treatment of laryngeal and bronchial disease by topical medication. I had not met Dr. Green before, and at this interview I not only exhibited my instruments, but explained to him my method of introducing medication into the air passages; and it was after this that Dr. G. employed the same form of probang that I was then using, and had been employing for several years. Dr. Green at this time made no allusion whatever to the subject of his ever having made any attempt, by means of any instrument, to cauterize the larynx. If he had done it previous to 1838, he certainly should be able to give names and dates, and thus establish the claim made by Dr. A. to “priority.” Dr. Adams, however, knew well, when he addressed his letter to the editor of the Gazette, that neither Dr. David Green or any other man preceded me in this matter. He knew perfectly well that as late as 1847, a part of the members of the New York Medical and Surgical Society (and these are historical facts in the unwritten proceedings of medical *cabals* in our city), who had condemned the practice of topical medication, and had repeatedly and publicly denied the possibility of cauterizing the interior of the larynx—that these men formed themselves into a *clique*, of which he was one of the most active members, for the acknowl-

edged purpose of effecting my professional ruin; and all this for the reason, and only for this reason, that I would persist in employing, and had written a book recommending, topical medication in the treatment of laryngeal and bronchial diseases; a practice which the chairman of their committee (Dr. J. A. Swett) appointed to inquire into the matter, declared to be "a dangerous and an unwarrantable mode of treatment." He knew, too, that he was one of the "thirteen," who, for the above cause, and to effect the purpose to which I have alluded, obtained a majority vote in the New York Medical and Surgical Society, on the following preamble and resolution; namely, that, "Whereas Dr. Horace Green has rendered himself disagreeable to a majority of the members of this Society, therefore, resolved, that he be requested to withdraw from the Society." Thus violating the constitution of the Society, and outraging every honorable principle of professional or gentlemanly associations.

Dr. Adams also knew that his "conscientious researches" consisted in this: that several members of this very party, after the practice which they had failed to suppress had gained credit with the profession, called on Dr. David Green (as Dr. David Green himself assured me), and "endeavored to persuade him to testify that he had preceded me in making medicinal applications to the cavity of the larynx"! But this Dr. Green refused to do.

"I limit myself" to this record of facts with regard to the first and principal statements in Dr. Adams' letter.*

It remains for me to examine briefly that portion of Dr. Adams' communication, in which he refers to the labors of MM. Trousseau and Belloc, and in which he endeavors, by a direct misstatement, as I have shown, in regard to facts and dates, to convey the impression that I have not accorded to these distinguished writers the honor which is their due. This is not a recent accusation. It originated with a portion of the members of that society to which I have alluded; and on the publication of my work on Diseases of the Air Passages, it was reiterated; and it was also asserted by several medical journals in my own country, that "in applying topical remedies to the laryngeal cavity, I had done so after the manner of MM. Trousseau and Belloc."

As this is not true, for I commenced with my method of cauterizing the

* Should Dr. A. for any reason be unable to bring to mind these reminiscences of the past, he must be able, I am quite sure, to recall the fact that, several years before the last events to which I have alluded, he placed himself under my care, and was treated (successfully, I believe) for pharyngo-laryngeal disease, by excision of the uvula, and topical applications of the nitrate of silver to the diseased parts. If the question should arise in the minds of any of the readers of the MONTHLY, why, under these circumstances to which I have alluded, Dr. A. did not apply for professional aid to the physician who, from having been the first to practice cauterization, as Dr. A. affirms, must have been the most experienced expert, I cannot answer,

larynx before I knew of the writings of Trousseau and Belloc; and inasmuch as this question has not been considered, so far as I know, by any writer here, I shall take the opportunity to show that foreign authors have accredited to me an honor which many of my own countrymen have evinced great anxiety to deny me. In none of my writings have I claimed priority in medicating the mucous membrane of the larynx. On the contrary, it will be seen by a reference to the work of which I have spoken, that I have there expressly said, that "to MM. Trousseau and Belloc belongs the honor of having been the first to prescribe and employ topical medication in chronic diseases of the larynx," p. 203. This, however, I do claim, that I was the first to pass a sponge-probang, loaded with a strong solution of nitrate of silver, below the epiglottis, through the larynx and rima glottidis, down into the trachea; thus reaching, with more certainty and more effectually, the disease of these parts. I claim that I was the first to apply topical medication, in *this way*, in the treatment of chronic and acute laryngeal diseases, in bronchitis, asthma, and in membranous croup.

This operation has never been claimed by M. Trousseau, nor by any of his own countrymen for him, as I shall be able still farther to prove.

By referring to the work of Trousseau and Belloc, it will be seen that when they desired to cauterize the "top of the larynx" the operation was performed after this manner:

"We saturate completely," they say, "our sponge with a solution of nitrate of silver; that done, we cause the mouth to be opened wide, depress the tongue with the handle of a spoon, and introduce the port-caustic. As soon as it has passed over the isthmus of the gullet, it produces an effort of deglutition, which raises the larynx. We seize this moment for bringing forward the sponge, which, in the first part of the operation, had been carried to the entrance of the œsophagus. By this means we reach the opening of the larynx, by elevating the epiglottis; and then, by pressure, it is easy to express the caustic solution into the larynx."*

This account of MM. Trousseau and Belloc's method of operating is also given in full, in my work on bronchial diseases. Since the publication of this work, some of the British writers have claimed for Sir Charles Bell priority in the application of caustic to the aërial mucous membrane. In a

* Nous imbibons complètement notre éponge d'une solution de nitrate d'argent; cela fait, nous faisons ouvrir largement la bouche, nous abaïssons la langue avec le manche d'une cuiller, et nous introduisons le porte-caustique. Dès que l'on a dépassé l'isthme du gosier, il s'opère un mouvement de deglutition qui porte le larynx en haut. Nous saisissons ce moment pour ramener en avant l'éponge, qui, dans le premier temps de l'opération, avait été enfoncée jusqu'à l'entrée de l'œsophage. Par cette manœuvre, on revient sur l'entrée du larynx en relevant l'épiglotte, et il est facile alors, en appuyant, d'exprimer la solution caustique dans le larynx.—*Archives Générales de Médecine. Tome III., p. 313, 1838.*

work recently issued from the London press, by Dr. John Hastings, "on Diseases of the Larynx and Trachea," and their treatment "by the local application of caustics," the author remarks: "This mode of treatment appears to have been first employed by our distinguished countryman, Sir Charles Bell, who little conceived how valuable it would eventually be found, or how extensively it would be employed."*

Dr. Hastings admits that "the great merit of its revival is mainly due to Dr. Horace Green, of the United States, who published the first work that has been wholly devoted to this subject; and it is only doing justice to Dr. Green to acknowledge the great value of his labors in this new field of inquiry. But so little attention and consideration had the treatment received from the medical world, that in some of the reviews of Dr. Green's works in this country, the critics seem to have been wholly unaware of the labors of Sir Charles Bell, and awarded to Dr. Green the merit of its introduction, instead of giving it to their own countryman."† The operations of Sir Charles Bell consisted in his having performed cauterization of the larynx, in several instances, as early as 1816; eleven years before the publication of the work of MM. Trousseau and Belloc. In the "Surgical Observations," &c., of Charles Bell, published in London, in 1816, will be found a record of these cases. In one instance, noticed in this work, a young woman was brought into the hospital with extensive ulcerations of the glottis. Mr. Bell's manner of operating in this case, is thus described by himself: "I made a small pad of lint, and attached it to the ring of a catheter wire, and bent the wire so as to pass over the tongue and epiglottis; I dipped the lint in a solution of twenty grains of the caustic to half an ounce of water, and touched the glottis with it in this manner. With the finger of my left hand I pressed down the tongue, and stretched the forefinger over the epiglottis; then, directing the wire along my finger, I removed the point of the finger from the glottis, and introduced the pad of lint into the opening, and pressed it with my finger."‡

This treatment was "considered hazardous," and Sir Charles Bell did not continue to employ it. "That great man," says Dr. Hastings, "was too much occupied with other pursuits to work out the discovery in the manner it deserved. I call it a discovery, because it was previously, and by most practitioners is still, believed to be utterly impossible to pass any foreign body into the larynx and trachea, without producing violent spasm or even suffocation. Such opinions have often reached me, coming from men occupying the highest walks in their profession, who ought to be imbued with

* Treatise on Diseases of the Larynx and Trachea. By John Hastings, M. D., &c. London. Introduction, p. v.

† Op. Citat, p. xi.

‡ Surgical Observations, being a Quarterly Report of Cases of Surgery. By Charles Bell: London, 1816, page 34.

a sufficient degree of liberality to prevent the condemnation of a practice, or, indeed, the denial of its practicability, for no better reason than that they do not understand it themselves.”*

Besides Sir Charles Bell, there are several other English surgeons for whom some credit has been claimed by foreign writers, for the revival of this practice, since Mr. Bell's day. Mr. Vance, a naval surgeon of eminence in London, was in the habit of employing topically a solution of nitrate of silver, in the treatment of laryngeal diseases. Mr. Vance does not appear to have left any record of his labors on this subject; but from the great success he met with in practice, Mr. Hastings thinks he must have applied the solution both to the larynx and trachea; although medical men, who were intimately acquainted with his mode of practice, have informed Mr. Hastings “that he never introduced the solution of the nitrate of silver below the glottis, but contented himself with sponging the back of the throat.”†

Dr. Stokes, in his work on “Diseases of the Chest,” remarks: “The best means of applying these caustic lotions is that practised by Mr. Cusack: a brush of lint, of the requisite size, is sewed on the end of the finger of a glove, which is then drawn on the index finger of the right hand. The patient should be made to gargle with warm water; and the lint, being dipped into the solution, can be at once, and with great facility, carried to any part of the pharynx, and even to the rima.”‡ After the death of Mr. Vance, no one was found, Mr. Hastings says, to take up the treatment which had proved so successful in the hands of this surgeon, and it remained entirely neglected in London, until revived by himself, after the publication of my work in 1846.

This, then, constitutes a brief history of what has been done in Europe, by those who have employed the local application of caustics, in the treatment of diseases of the air-passages. By this, it will be seen, that no one had succeeded, or claimed to have succeeded, in passing the sponge-probang, wet with the caustic solution, into the larynx, until after the announcement in my work, published in 1846, that “it is an operation which, in the treatment of laryngeal disease, I have been in the practice of performing every day for several years.”

Previous to that time, the medication of the larynx and trachea by cauterizations, in the numerous forms of disease of these organs, had only been ventured upon by a few individuals in Europe; and in the practice of these, it was limited to the “sponging of the back of the throat,” or, at the most, to the application of the solution to the aperture of the glottis, or, by pressure of the sponge, to the discharge of the fluid into the larynx. In

* Op. Citat. Introduction, p. xii.

† Op. Citat. Introduction, p. viii.

‡ A Treatise on Diseases of the Chest, page 258.

this country, so far as I am aware, previous to that time the employment of caustic solutions to the interior of the larynx and trachea, was "entirely neglected." Now this treatment receives the sanction of, and is employed by, the most eminent men of our profession, not only in my own but in almost every country in Europe. It has not only proved successful in the treatment of follicular disease of the air-tubes, and in the ordinary forms of angina, but eminently so in the management of many cases of hooping-cough, and of membranous croup. If there is any honor in the revival and introduction of this practice, *that honor I claim*; and, inasmuch as some of my own countrymen, from its first introduction, have labored anxiously, and are yet striving, to rob me of this honor, I may be excused, I trust, for calling in here the testimony generously granted by foreign writers, in my favor:

"Having thus given an ample analysis of Dr. Green's work," say the editors of the *British and Foreign Medical Review*, "it remains with us to propound briefly a critical estimate of its value. * * * * It would appear, from various testifying documents, which the author has collected in an Appendix, that his statement as to the practicability and safety of topical medication in laryngeal disease, was met by some of his countrymen by a sneering incredulity. There can be no doubt, however, that this part of the question is set entirely at rest; nor does the previous publication of the methods used by Bell, Vance, and Trousseau and Belloc, detract at all from the merit due to Dr. Green, for his persevering and successful attempts to render the treatment of some forms of pulmonary diseases more effectual and certain.

"We have adopted this mode of treatment recommended by him, and can corroborate his statements as to its great value. Cases of pulmonary affection have, in our hands, been brought to a satisfactory termination, which we are quite sure, under the treatment ordinarily adopted, would have terminated fatally; and we remember individuals whose cases terminated fatally, who (we feel equally certain) need not have died, at least of that disease which cut them off. This much is due to Dr. Green."*

In a review of the same work, in the "*London Medical Gazette*," after an allusion to what others have accomplished in this branch of practical medicine, the reviewer says: "The French pathologists may have anticipated the author, in some degree, by the local application of the nitrate of silver to the fauces; but Dr. Green was the first to extend its use successfully to parts *below the epiglottis*, in various inflammatory diseases of the vocal organs."†

* *British and Foreign Medical Review*. Vol. XXIV, p. 504.

† *London Medical Gazette*, Vol. IX, p. 1065.

In the "Dublin Quarterly Journal of Medical Science," the subject is also discussed, and the following conclusion announced. "MM. Trousseau and Belloc employed a solution of the strength of two drachms to the ounce, or sometimes to the half-ounce, of distilled water. Their method of applying it was either by means of a small silver syringe, with a long, curved tube, which could be introduced beyond the epiglottis, or by saturating a bit of sponge, attached to a rod of whalebone, which, being pressed firmly against the back of the pharynx, discharges some of the solution into the glottis, principally by the involuntary effort of deglutition which it excites. This latter method we have ourselves frequently used with much success. But Dr. Green has found another method of applying the solution to the laryngeal mucous membrane, so simple and so efficacious, that, as we before remarked, he has been induced to publish this volume upon its merits.

* * * * *

We shall only say, that we are fully convinced of the originality of observation displayed by our author, and of the perfect truth of the statements contained in his Treatise."*

It is well known that Professor Bennett, of the Edinburgh University, has adopted extensively, topical medication in the treatment of laryngeal and kindred diseases, in the Royal Infirmary and in his private practice. In his clinical lectures on the subject, published in the "Edinburgh Monthly Journal of Medical Science," he remarks: "This practice, introduced by Dr. Horace Green, of New York, consists in the direct application of a solution of nitrate of silver to the interior of the larynx and trachea. Numerous attempts had been made, with more or less success, by Sir C. Bell, Mr. Vance, Mr. Cusack, and MM. Trousseau and Belloc, to carry this practice into effect; and the results obtained, even by their imperfect efforts, exhibited the great advantages which were to be derived from it, in the treatment of laryngeal diseases. Now, thanks to Dr. Green, we can with safety and certainty apply various solutions directly to the parts affected."

In reporting the above clinical lectures, the history of two cases of interest are given by Professor Bennett, in the treatment of which he saw, for the first time, the application of caustic to the interior of the larynx and trachea. It occurred in the summer of 1851, when, on a visit to Edinburgh, I was invited by Dr. Bennett to visit the Royal Infirmary, and to perform the operation on several patients in his ward, who were suffering from *laryngeal phthisis*. I quote these cases as abbreviated in Braithwaite's Retrospect.† The first case alluded to, was one of an aggravated form of chronic laryngitis: "On the 30th of June, notwithstanding the assiduous use of astringent gargles, occasional sponging of the fauces with solution of

* The Dublin Quarterly Journal of Medical Science, Vol. IV, p. 441.

† No. XXIV., page 99.

nitrate of silver, and the application of leeches, the patient was evidently worse, and he could only speak in a whisper.

"*July 6th.*—To-day, Dr. Horace Green, of New York, who went round the wards with Dr. Bennett, stated that this was a remarkably good example of what he had named follicular disease affecting the larynx. He passed the sponge, saturated with a solution of nitrate of silver (℥ij. to ℥j. of water), through the larynx into the trachea. The patient could not take a breath for some seconds afterwards, and described the sensation as like that produced by a piece of food 'passing down the wrong way, and causing choking.' The immediate effect of the operation was decided improvement of the voice, and more ease in deglutition. From this time, his symptoms gradually left him. On the tenth, the sponge was again passed into the larynx by Dr. Bennett, and produced the same sense of temporary suffocation; but immediately afterwards he spoke with perfect clearness of voice. The application was made every second day, until the 16th, when all the laryngeal symptoms had disappeared, the voice was normal, and there was no cough, expectoration, pain, or difficulty of deglutition. He now left the nouse."

"*Case 2.*—Helen Guthrie, æt. 25, married, a fisherwoman, admitted into the clinical ward, July 4th, 1851. Four months ago was seized with a cough, attended with hoarseness of the voice, dryness of the throat, painful deglutition, and pain in the larynx, which symptoms have continued with greater or less intensity up to the period of admission. Latterly, there has been considerable expectoration of purulent matter, often tinged with blood. On admission, she complains of cough coming on in paroxysms, dryness in the throat, and pain in the larynx, voice cracked, and occasionally absent. There is no difficulty in swallowing, but copious expectoration of frothy mucus. Can inspire without difficulty. Percussion over chest elicits nothing abnormal. On auscultation, the inspiratory murmur is harsh over superior third of chest on both sides. Over larynx and trachea there is heard a dry, snoring sound. On examining the fauces, red patches were observable here and there, with slight erosion on the left side. The fauces and epiglottis were sponged with a solution of nitrate of silver (℥j. to ℥j. of water). This was repeated on the following day, and the voice was evidently improved. On the 6th, the sponge, saturated with the solution, was passed into the larynx, by Dr. Horace Green, of New York, and produced no feeling of suffocation whatever. It was passed afterwards every day by Dr. Bennett, till the 14th, when she left the house, all the laryngeal symptoms having disappeared, and the voice nearly restored to its proper tone."

It was during this same visit to Great Britain that, whilst in London, I was requested by Drs. Quain, Williams, Cotton, &c., physicians of the Hospital for Consumption and Diseases of the Chest, at Brompton, to meet

these gentlemen and their associates, at the wards of this charity, and perform in their presence the operation of cauterizing the interior of the larynx and trachea. This I did on two different occasions, and performed the operation on many patients in the presence of the medical staff of this institution, and other distinguished members of the profession.

In Dr. Cotton's excellent work, since published, on Consumption, the author candidly admits his previous unbelief in, and present changed views with regard to, the practicability or propriety of topical medication to the mucous membrane of the respiratory passages. The admission is honorable to himself, and worthy of imitation. "I should here remark," observes Dr. Cotton, "that my own views upon this subject differ from those I formerly held, and have even expressed; and that I owe this change to the kindness of Dr. Horace Green, of New York, the justly celebrated advocate of this treatment, who, during a recent visit to our metropolis, convinced myself and others, not only of the possibility, but of the safety and usefulness of the practice.

"I had long been in the habit of using a solution of nitrate of silver to the pharynx and upper surface of the epiglottis, by means of a soft brush. * * * But I had never ventured to apply any thing directly to the larynx itself—not from any doubt as to its possibility, but from misgivings as to its effects, and apprehension of its danger. For some months past, however, I have done so extensively in cases of chronic laryngitis, whether idiopathic or tubercular, and very frequently with marked success. * * * I have known the voice regained, the irritable cough removed, and the tenderness and difficulty of swallowing dissipated entirely by it; indeed, I think we might also speak of its *curative* effects (so far, at least, as the larynx is concerned) in some very early cases."*

In conclusion, I beg to be permitted to give the testimony of M. Trousseau himself on this question; the man to whom of all others many of my own countrymen (for Dr. Adams is not alone in this matter) have labored, ever since the issue of my treatise, to give all the merit for the introduction and practice of topical medication.† For M. Trousseau I entertain the

* "The Nature, Symptoms, and Treatment of Consumption;" being the Essay to which was awarded the Fothergillian Gold Medal of the Medical Society of London. By Richard Payne Cotton, M. D., Member of the Royal College of Physicians, London, &c., pp. 236-7.

† In proof of this, I would refer the reader to the notices of my works on "Diseases of the Air Passages," and on "Membranous Croup," by American reviewers; particularly to the reviews of these treatises by a writer in the "American Journal of Medical Sciences." Of the character of these reviews in this Journal, with regard to *fairness, impartiality, and justice*, as well as of the merit or demerit of the works reviewed, I am quite willing to leave the candid and unprejudiced portion of the profession to judge.

highest respect. By his professional labors, and through his many important contributions to practical medicine, he has gained a distinguished reputation, not only in his own country but throughout Europe and America. During a visit to Paris, two years ago, I had an opportunity, through his friend Dr. Simpson, of Edinburgh, to make the acquaintance of Professor Trousseau. We had several conversations on this subject of topical medication. In answer to his inquiries, I gave him the full particulars of my own operations, in which he appeared much interested—particularly so when I related to him what had been accomplished in this country in the treatment of membranous croup by cauterization. In this connection, I gave him my reasons for *not* performing tracheotomy under the circumstances in which he has been accustomed to operate; that, for many years, I had employed cauterization of the larynx in any and every stage of the disease, by means of which others, as well as myself, had saved, I believed, many lives; and that I had come to the conclusion, that if *this* operation failed, it would be useless to employ tracheotomy. He desired me to give him the size, shape, &c. of the instrument I employed, and assured me that he would attempt the operation in the first case of croup that should occur in his practice.

After my return home, during the last year, M. Trousseau obtained, through Prof. T. Childs, of Pittsfield, who was then in Paris, half a dozen of my sponge-probangs, and the bent spatula which I employ for depressing the tongue. A few months since, I received from Dr. Trousseau a very kind letter, and as its statements are conclusive on one point in this matter, I shall take the liberty of giving the concluding portion of it.

* * * "J'ai reçu aussi, et j'ai lu avec une grande attention, votre ouvrage sur la cauterization de l'intérieur du larynx. Avec l'abaisse-langue que vous avez imaginé, et dont M. le Dr. Child m'a donné le modèle, on peut aisément voir l'épiglotte; mais j'éprouve toujours beaucoup de difficulté à pénétrer jusqu'aux cordes vocales. Il y a aussi quelques uns de mes malades qui ont éprouvée des accès de suffocation effrayants, quoique j'eusse agi, suivant vos recommandations, avec une extrême rapidité.

"Au demeurant, grâce à votre excellent abaisse-langue, j'obtiens aujourd'hui, par la medication topique, des succès qui étaient bien plus rares auparavant.

"Agréez, monsieur et honorable confrère, l'assurance de mes sentiments les plus distingués.

"A. TROUSSEAU."*

* "I have also received, and read with great attention, your work upon the cauterization of the interior of the larynx. With the tongue-spatula which you have invented, and of which Dr. Childs has given me a model, the epiglottis can easily be seen; but I always experience much difficulty in penetrating to the vocal cords. There are, also, some of my patients who have experienced frightful parox-

This *exposè* of the unjust and unprofessional course pursued by Dr. Adams, has been made by me, I confess, with great reluctance. Had Dr. A. confined himself, in his characteristic labors, as he and his coadjutors have done heretofore (for this is by no means the first time—as hundreds of the profession well know—that he and they have consorted together for the professional injury of others), to their own country, and among their own countrymen, I should have suffered these things, for very obvious reasons, as I have done through many years, to pass altogether unnoticed. But “John G. Adams” in Paris, with the honorable suffix to his name of “*ancien Secrétaire de l’Académie de Médecine*,” etc., when he presents himself with his cards of introduction to Trousseau, or Chomel, or Louis, or Robert, is, in their estimation, a different man from Dr. Adams, of New York, and possesses power under such circumstances, if disposed, to effect altogether more mischief than at home.

For the honor of American physicians, as well as to protect myself, I have endeavored to expose, and would protest against, these efforts made to interrupt those pleasant relations which have been established between the members of the profession abroad and those of our own country.

A case of Ununited Fracture of the Thigh bone. By G. VOLNEY DORSEY, M. D., of Piqua, Ohio.

Cases of ununited fracture are of rare occurrence in private practice in the West, inasmuch as our patients are generally healthy, or at least free from those taints of the system which are usually supposed to present obstructions to the process of bony union. If the opinion expressed by Mr. Syme be correct, that the principal obstacle to bony union is found in not maintaining perfect immobility of the parts, and continued apposition of the fractured ends of the bone, it is a matter of some surprise that more cases do not occur in country practice, from the very imperfect appliances frequently used for the purposes above mentioned. I have seen several cases of fractured femur, where a single splint on the outside of the limb, with a few very imperfect, short, pasteboard or wooden splints at the point of fracture, were, with

symptoms of suffocation, although I operated, according to your recommendations, with great rapidity.

“In conclusion, thanks to your excellent tongue-spatula, I now obtain, by topical medication, successful results, which before were much more rare.

“Accept, sir and honorable *confrère*, the assurance of my most distinguished sentiments,

“A. TROUSSEAU.”

some rather awkwardly applied bandages, the whole means trusted to, for procuring a cure; yet, in all these cases, although there was frequently great deformity of the limb, still bony union did not fail to take place. Indeed, perfect immobility of the parts, although certainly highly necessary, in order to ensure a good limb and produce union in the early stages of a fracture, would yet seem by no means necessary in cases where, from any cause, union at the proper time has failed to take place. We find several cases detailed by Mr. Bowman and Mr. Fergusson, in the *London Lancet* of 1852, in which the desired union was produced by enclosing the limb in gutta-percha splints, and allowing the patient to move about freely, apparently for the purpose of producing the amount of inflammatory action requisite for a cure. Indeed, whenever this can be produced, and any thing like a proper degree of apposition of the ends of the bone maintained, bony union is almost certain to take place.

Various means have been in use for the production of this necessary inflammation, such as friction, the seton recommended and used by Dr. Physick, and the ivory pegs of Dieffenbach; but the first, wherever it can be used with any prospect of success, is surely the one to be adopted, as much less likely to be followed by unfavorable results to the patient, and doing away with the unfortunate necessity of rendering a fracture compound, by opening the flesh, as is done in both the other methods.

The use of anæsthetics enables us to use friction to any amount that may be deemed needful, without at least any immediate suffering on the part of the patient; and whenever the ends of the bone are free from any softening, healthy and firm, I have no doubt an amount of friction sufficient to produce active inflammation may always be used with impunity. The case I am about to relate, presents some features which I have thought of sufficient interest to render it worthy of being placed before the profession.

On the 26th of November, 1853, I was called to see Miss C. aged 16; who, ten weeks before, had suffered a fracture in the upper third of the femur of the right side. The limb had been set by a respectable practitioner, with the long outside splint of Desault, with a movable shoe and foot-piece attached, now in common use in this State, but without any inside splint, and evidently without sufficient support beneath the limb. From an over-anxiety, too, to have the limb sufficiently long, there was also, perhaps, too frequent motion of the movable shoe, to which was fastened the extension bandage; and this may have had some effect in producing the failure in the union of the bone. Much constitutional irritation and suffering ensued, and, at the end of eight weeks, on removal of the splints, the bone was found still ununited: a starch bandage and some short splints were applied; but the pain, on motion, and the irritation of the limb were still

very great; and, in consequence of these difficulties, two weeks after the removal of the splints, I was desired to examine the case.

Finding the situation of the patient such as above described, I proposed to administer the chloroform, use friction of the ends of the bone, then re-apply the splints and give the bone an opportunity of reunion. This was done on the 27th November; she was brought completely under the influence of the anæsthetic agent—a mixture of chloroform and sulphuric ether—the bones were freely rubbed for ten minutes, then carefully adjusted, and Physick's modification of Desault's splint applied, with a strong splint cloth for supporting the leg.

The night after the bone was set, she complained of considerable pain in the head, but made very little complaint of the limb or of any of the bandages. Cold applications were used for the purpose of relief, and some anodynes were administered, and the bowels were freely opened; still the pain continued to increase, and, finally, strong spasms supervened, which were constantly repeated for several hours. They were tetanic in character, of the opisthotonic variety, and were finally arrested only by the administration of chloroform by inhalation, as before, after which they immediately subsided and did not manifest any strong disposition to recurrence. A blister to the back of the neck seemed to remove all cerebral difficulty; and the case progressed as favorably as could be expected in a patient suffering much from abrasions of the skin, consequent on her protracted confinement. No further symptoms of constitutional irritation were presented; and after seven weeks, when the splints were removed, the union of the bone was found to be complete. The limb is only three fourths of an inch too short.

In considering the progress and ultimate result of this case, two questions of considerable interest present themselves for our examination. First, why did union of the bone fail to take place after the first adjustment of the limb, in a healthy patient, and when the degree of immobility maintained by the apparatus used, would seem to have been sufficient for that end? Did the fever and irritation which supervened in the progress of the case arise from want of proper adjustment and sufficient immobility of the parts; or were they the consequence of some other constitutional cause, and, thus produced, prevented the desired union? Not having seen the patient in the progress of the first ten weeks, I am unable to answer these questions satisfactorily to my own mind; but they are certainly worthy to be taken into account, before casting any censure upon those who had charge of the case during this period. Second, were the spasms which followed the setting of the limb the second time, the consequence of the amount of chloroform introduced into the system (about $1\frac{1}{2}$ oz. of a mixture composed of chloroform one part, sulphuric ether two parts); or were they the consequence of the nervous irritation produced by the violent friction of the ends

of the bone, or by the pressure of the splints and bandages? They do not seem to me to have arisen from the inhalation of an excess of chloroform, inasmuch as the re-application of that agent caused their cessation, and prevented their return; nor would they seem to have been owing to any undue pressure of the dressings applied, as I caused these to be freely loosened on the first appearance of spasms, without, however, the least relief. Hence, I can only attribute their appearance to the great nervous irritation produced by the severe friction of the ends of the bone, to the pain of which, it is true, the patient was at the time insensible, so far as any outward manifestations could determine, but which might nevertheless produce its full effect on the spinal marrow, and even on the brain, and continue this effect after the withdrawal of the anæsthetic agent and the return of these parts to their normal state.

This view opens some important considerations on the use of anæsthetics; for if the return of sensibility renders the nervous system liable to suffer evil effects from pain produced when in an insensible state, it becomes a matter of great importance carefully to consider the amount of pain to which patients are subjected while in this state, knowing that, although present suffering may be averted, still subsequent evil may, and probably will, result almost as readily as if this suffering had not been avoided.

Anæsthetic agents become, then, valuable to us, as removing immediate suffering during painful operations, and consequently doing away with much of the mental shock and apprehension which the fear of pain always induces; but they cannot secure the system against the consequences which, in all cases, are liable to arise from the infliction of severe suffering.

Report of a Committee of the New York Academy of Medicine on the Medical and Surgical Aspects of the Crystal Palace: Presented Feb. 1st, 1854. (Published by permission of the Academy.)

The Committee appointed by the Academy of Medicine to visit the Crystal Palace of this city, and to report upon any thing therein contained of peculiar interest to the medical profession, having assiduously and thoroughly attended to the duty confided to them, now respectfully beg leave to report—

That at a meeting called at the house of Dr. Gardner, Nov. 25th, on motion of Dr. Van Kleek, seconded by Dr. Batchelder, Dr. Gardner was chosen Chairman, and Dr. Garrish, Secretary, and that, subsequently, the Committee have held frequent meetings.

That, in their investigations, they were met by the prompt co-operation of the management of the Crystal Palace, through J. M. Batchelder, Esq.,

who not only furnished the members of the Committee, but also the President and Secretary of the Academy, with season tickets of admission, and, what was of more direct advantage, gave them permission to open cases and to carefully examine their contents. In this respect, it is proper to state that they were willingly seconded by the owners or agents of the separate articles exhibited. Most particularly the Committee are indebted to the attention of M. Luer, as well for his explanation of his own unsurpassed collection, as for his zeal in exhibiting the instruments of other German and French manufacturers, rivals at home and competitors here for the palm of superiority.

Your Committee, in the following report, will mention such articles only as appeared to them peculiarly deserving of notice as new inventions, as new modifications of old instruments, as specimens of excellent workmanship, as of unusual adaptation to the purpose intended, as examples of obsolete instruments, or which, for any reason, seem worthy of consideration.

The Committee first visited the case of Mons. Luer, of Paris; and the following articles are described as shown by the proprietor, fabricator, and frequent inventor of its numerous instruments.

Nov. 29th. Instruments used for the various *operations upon the eye*, invented by Luer. One for seizing the capsule of the lens, penetrating the cornea as a simple cataract needle, and then, by pressing upon a spring in the handle, the point of the needle was converted into a hook, enabling the capsular ligament to be easily seized; then, relaxing the spring, the needle shape was restored, but still maintaining its hold upon the capsule, they were easily withdrawn together. One invented by Lagiere, of Paris, for removing the whole of a soft cataract, called a *suction needle*. It is in the form and of the size of a gold pencil-case, hollow, containing a piston in its cavity moved by a spring. Upon one extremity is a perforated needle, resembling an ordinary cataract needle, which, when passed through the cornea and entered into the anterior chamber of the eye, by a graduated pressure upon the spring, will cause the fluid to recede from the eye and enter into the barrel of the instrument, thus completely removing a soft cataract.

These two instruments were considered by the Committee to be the most ingenious and, probably, practical instruments of recent invention in this department. M. Luer exhibited numerous others of most beautiful workmanship and utility; but as most of them have been made known some years to the profession, we only allude to them in order to express the high estimation which the Committee have for the ingenuity of the inventor, M. Luer, himself, and their appreciation of the great perfection to which the manufacture of these delicate instruments has been brought under his personal superintendence.

As tests of the "temper" of the instruments, Mons. Luer, taking a cataract needle, cutting kid smoothly, piercing it without fracture, then cut out pieces from the bone handles of instruments, bending it freely also, sticking the point into the bone so firmly as to sustain its weight; then, on using it as at first, the edge and point were seen to be uninjured. Cataract knives, after whittling brass and bone, were uninjured.

The Committee then examined an instrument, invented by M. Luer, to be used in passing liquids through the nose into the stomach. It is a jointed stylet, intended to be passed into a flexible stomach tube, and then, by a pressure upon the handle, the end is curved at pleasure, and made to pass without difficulty down the œsophagus. The stylet is then to be removed, leaving the tube.

An urethral dilator, consisting of two pieces, enlarging by means of a screw in the handle.

A new needle, for tying deep-seated arteries.

A very ingenious instrument, if of practical use, for seizing and removing sticks, ends of bougie, and like substances, from the bladder. The article being first seized by the forceps extremity, by the process of withdrawal is directed into a line with the instrument, and, if not large, concealed within the instrument, and thus withdrawn.

A collection of small silver forceps (*serre-fine*), about $\frac{1}{2}$ inch in length, with sharp points, intended to retain cut edges in co-aptation, and thus to dispense with stitches, to be used in operations for hair lip, wounds, &c. (Mr. Marjolin lately presented a case of entropion to the Surgical Society of Paris. The patient had been affected with inversion of the lower right lid. After getting rid of the inflammation, M. Marjolin simply pinched up a transverse fold of the integument of the lid, and secured it with a *serre-fine*. The instrument fell off in a fortnight, leaving no trace of the entropion. Vide article in No. 28 Braithwaite, from the Association Journal, descriptive of the operation, its success, &c.)

Polypus forceps, having a groove in the extremity, and ratchet spring in the handle, for compression.

Small clamps, for preventing hæmorrhage during operations upon the lips, tongue, or similar places. The portion intended to be operated upon is to be encircled within a ring, which, making pressure all around, leaves the centre free from blood.

Speculum oris, capable of dilation. This instrument is to be passed into the mouth, where it is easily fixed, compressing the tongue, showing the whole fauces, and allowing an œsophagus tube to be used, or any local applications made.

A tube used in laryngotomy, particularly applicable in operations for

epilepsy. This instrument, by means of valves, enables one to speak without difficulty. Very ingenious and useful.

A set of spring forceps, invented by Desgranges, Senior Surgeon of the Hotel Dieu, of Lyons, for curing prolapsus uteri, intended to diminish the caliber of the vagina; and the method of operating is to seize the mucous coat of the vagina in various places, and forming it into folds; then leaving it thus restrained by the forceps, till inflammation and cicatrization contracted the vagina permanently.

An hæmorrhoidal compressor, by Amussat—grooved forceps; into these grooves, nit. argent. is to be placed, and then allowed to remain applied to the hæmorrhoids for twenty-four hours. This instrument has recently been improved upon by Jobert; *vide* cases reported and translated from the Gazette Médicale into the Charleston Med. Journal, for January, 1854.

Mechanical leech, by Horteloup. The cut is made by merely pulling a string, making a circular cut to any required depth, and with little pain or shock; and a suction was produced by a glass tube and india-rubber valves, moved by a screw, and perfectly controllable.

A breast-pump, with graduated pressure; a glass tube on which was a piston moved by a screw.

An obstetric forceps, by Van Hivel, of Brussels. In the inside of each blade was a groove, through which ran strips of iron, to be forced upwards by a screw. At the end of each of these strips of iron was an orifice through which ran a chain saw, to be moved below.

This was intended to saw through the head longitudinally, and thus to diminish its size. The instrument is exceedingly complicated, and much time would be necessary for its application, if practicable. It is, however, very ingenious and curious.

Obstetric perforator, by Van Hivel, consisting of one blade, through the end of which a sharp knife might at pleasure be protruded, by means of a screw in the handle.

Instruments for staphyloraphy, intended to sew the cut edges together, invented by Sotelaux, of Strasburg. One was a long probe, upon the end of which was a needle; this, when armed, is to be passed through the palate, and to be received into a ring spatula covered with buck-skin, placed behind the palate. The needle is then retained, and easily seized. This spatula also steadies the palate, rendering it much more easily pierced.

Instrument for compression in cases of aneurism, invented by M. Luer. This is a species of tourniquet, consisting of a pad-shaped wood, with a notched, brass top, to which is attached a strap passing around the leg. It is stated that with this instrument the vessels of the leg are not compressed, and the circulation affected only where the pad presses.

A small spring for raising the edge of the inverted toe-nail, either upon

one or both sides, is ingenious, and perhaps practically useful. Invented by M. Luer.

A very small enema case. The instrument is of india-rubber principally, consisting of a bag, pipe, &c. It is ingenious and useful.

A staphyloraphy needle was exceedingly ingenious, and of value if practically useful. It had a curved extremity, which was passed behind the part to be united, by a slide in the handle; an armed needle was passed through the edge, and the thread caught upon the portion behind. By a similar process the needle was passed through the other side, and thread could then be easily tied.

A double gouge forceps, by Luer, for cutting bone without breaking—making a clean cut—a valuable instrument.

A modification of Lallemand's lithotrypsic instruments, modified and improved by Luer, increasing their power and convenience.

A great variety of instruments for scarifying the prostate gland by means of concealed blades.

Galvanic catheters—the catheter of copper with zinc stylets, for spasmodic stricture.

A double knife for making microscopic sections of any desired thickness—an exceedingly useful instrument.

A bistoury for hernia—consisting of a concealed blade presenting no cutting edge, even upon firm pressure—thus enabling it to be introduced as desired, without danger—and so constructed that by turning a screw in the handle, the blade is then exposed.

A pair of scissors, composed of two long, straight bistouries, capable of being separated into single instruments; united as ordinary scissors, or with the cutting edges external so that they may be introduced into a cut made for any purpose, as in lithotomy for example, and then opened and withdrawn, making thus an extensive cut.

Ring compressor, for arresting hæmorrhage, when operating upon the lips or eye-lids. The part to be operated upon is to be included within the ring, which is screwed down upon a plate below, thus obstructing the circulation in the part.

A modification of Simpson's uterine supporter, by Luer, consisting of the addition of an india-rubber cushion, for the os uteri to rest upon, and ivory stem, in one case; and in another, of the same rubber cushion, as a rest, and a brass stem to enter the os. This is thus made from an idea that, by the corrosion of the metal, the ulcerations within the cavity would be stimulated and cauterized, and a cure effected.

A modification of Simpson's sound, by the addition of a sliding button marking the depth to which it had been introduced into the uterus,—also,

as adding to its convenience, the handle being constructed so that the sound might be passed into it, and the instrument shortened.

A pair of obstetric forceps, invented by M. Luer, permitted either blade to be applied first, locking in this manner with equal facility—the two blades being brought into the same axis by means of a slight rotation effected in the handle of one blade, and without detracting from its strength. The advantage of this instrument was such, that in case of an unequal application of the two blades upon the head of the child, and thus preventing their locking, instead of removing one or both blades, as with ordinary forceps, the handle of the upper blade could be passed underneath, and could there, perhaps, be easily locked.

The committee next visited the case of instruments fabricated by Wünsche, of Leipsic. The contents of this case were much injured by rust, probably caused by accident in the transportation. They were generally of rude manufacture, contrasting markedly with the beautifully finished specimens from France and Denmark. With few exceptions, the instruments were of a date at least a half-century anterior to the present time. The instruments, generally, were noticeable for their antique appearance. One or two claimed attention for their originality. The first was denominated an obstetric trephine. This was an ordinary trephine, with a handle about a foot long, all contained in a simple brass tube. The intention of this instrument was, that it should be passed into the vagina and firmly pressed upon the presenting skull—the tube guarding the mother from injury; and then the trephine could be used in the customary manner. An opening being thus made in the skull, a head tractor came into play. This instrument consisted of a brass tube, similar to the one above described, capable of being passed into the opening thus made; and, by means of a screw in the handle, three strong claws were protruded within the cranium, forming right angles to the handle of the tractor, and being thus within the skull, enabled strong traction to be made upon the head. At a subsequent period this instrument might be used, in some degree, as a pair of craniotomy forceps, and portions of bone might be seized by it. These instruments were invented by Kiwisch, and are more noticeable for their ingenuity than apparent utility.

An osteotome invented by Heiner, of Wirtzburg, Bavaria, consisting of an endless chain saw, worked by a crank handle, by far the most ingenious instrument, and of the best workmanship, in this collection.

A collection of papier maché models, made by the Association of Industry, in Nuremberg, Bavaria, were very fine imitations of nature.

To the very large case of Charriere, of Paris, the Committee had complete and thorough access; but, owing to the absence of any capable person

interested to exhibit the various instruments, your Committee may have inadvertently overlooked some specimens of novelty and merit.

A large collection of the various forms of speculi, among which nothing new was observable. Some of these were electrotyped with gold. The advantage of this is their freedom from rust and stain; their marked disadvantage, that of diminution of light, and the altered color given to the parts by the reflection from the yellow metal.

An obstetric forceps, by Bernard, of Paris. This instrument was exceedingly ingenious. In shape of an ordinary character, the blades might be fastened together in almost any situation, when the handles were brought sufficiently near together, by means of a link with a ball-and-socket joint, dependent upon the lower portion of the neck of the blade; when the blades were brought together in the usual position, another hinge fastening above retained them in that position, but allowing a slight movement which gave a latitude of perhaps an inch at the end of the blades.

A beautiful instrument was an inhaler, for vapors and the steam from herbs, &c.; an oiled silk fitting accurately over the face, attached to a spirit-lamp and cup.

A pair of obstetric forceps, with a hinge in the handle, permitting it to be folded up, and thus rendered more portable; in other respects, this instrument was the ordinary French forceps.

An india-rubber hæmorrhoidal cushion, consisting of a pad to be placed upon the anus, from which proceeded a stem of the same material, about an inch in length, intended to be passed into the rectum, and supporting the hæmorrhoids, the whole to be kept in place by a strap encircling the body. This instrument is also serviceable in cases of prolapsus ani.

During the last of December, a case of instruments was entered at the Crystal Palace, from the manufactory of C. Nyrop, formerly an apprentice of M. Luer, of Copenhagen, Denmark. These instruments were of fine workmanship, comparing favorably in that respect with the best on exhibition. A general recommendation was their moderate price. Among those peculiarly worthy of notice were the following:

A rotation saw invented by Nyrop. The peculiarity of this instrument was its facility of being moved in various directions by means of a ball-and-socket joint, somewhat restrained in its action; its capability of being used by the hand, or by means of a brace, like the ordinary French trephine; and still more in the saw itself, which consists of a double circular saw (with perpendicular teeth) turning in opposite directions, and not only cutting more rapidly than with a single saw, but steadying it in its application. This appears to be superior to any similar instrument in the Exhibition.

A pair of obstetric forceps, invented by Prof. Levry, of Copenhagen,

were noticeable for the ingenious manner in which a hinge was inserted in the neck of each blade (and its fastening, also), for convenience in carrying.

A compressorium nasi, invented by Larsen, consisted of tubes passing into each nostril, and plates pressing upon the outside of the nose, both arising from a band which passed over the upper lip, and regulated by screws, intended to retain the nasal bones in their proper situation, when dislocated or fractured.

A vaccination case, invented by Drejer, neat and compact, contained knives adapted to this purpose; cases, &c. for keeping scabs or lymph from the air.

Several orthopaedic apparatus, invented by Boch, and constructed by Nyrop, were particularly deserving of notice, not only for their beauty of finish, but for their apparent utility in torto-collis, deformities of the back, &c. If their real value is at all in proportion to their mechanical ingenuity, they are eminently worthy the attention of those engaged in this department of surgery.

A truss for umbilical hernia, is noteworthy.

A clyster pump, is of simple construction and reduced price.

A pair of ear forceps, invented by Prof. Larsen, are delicate and probably serviceable.

A knot-binder, invented by Larsen, for tying ligatures upon deep-seated arteries, appears of utility.

A double cataract knife, one blade sliding upon another, was noted as perhaps of practical use.

An exploring needle. This instrument consisted of a grooved needle, which, after being plunged into a tumor, was covered with a sliding blade, which prevented the matter within the groove from being wiped away, or mixed with other fluids while withdrawing it.

In a case of india-rubber articles exhibited by Vernant Cabante, of France, with no name of maker given, the following instruments were found. Several uterine supporters, which were constructed in the shape of a bag, with a tube of the same material attached. They are to be introduced into the vagina, then inflated by means of a similar bag to be applied to the tube, which is then closed by a stop-cock, and left *in situ*. A double cap for the head, with two openings for hose, through which continuous currents of hot or cold water might be passed.

Stockings for swelled legs, varicose veins, &c.; the india-rubber made to run spirally.

Fracture apparatus for producing extension and counter-extension.

Pad and straps to pass round the body, for umbilical hernia of children.

Your Committee carefully examined all of the medicines, chemicals, &c., and have thought the following worthy of the attention of the Academy:

Specimens of ergotine, by Bonjean, of Chamberry, Sardinia.

The resinous extract of ergot, by Parodi, physician of Piedmont.

Citric acid and nut oils of various sorts, by the same exhibitor.

Blancard's pill of the ioduret of iron, not liable to decomposition.

Essences of cogniac and rum; oil of valerian; oil of calamus; oil of chamomile (*anthemis nobilis*), by Spolen and Schimmel, of Germany.

Aluminate of iron, by Hermann, of Germany.

Extract of asparagus, caffeine, and theine, by Merch, of Germany.

Essence of cucumber, powdered extract of cucumber, powdered belladonna, aconite, conium, hyoscyamus, digitalis, lactuca virosa, of great beauty, by Gehe & Co., of Dresden.

Most beautiful specimens of chemicals, by Powers & Weightman, of Philadelphia, the finest in the exhibition. Arseniate of quinine, a new and valuable addition to the Pharmacopœia; bisulphate of quinine, iodate of quinine, caffeine, theine.

A set of tin splints for all fractures, by Dr. Kerr, of Canada, which was noticeable for its ingenuity and its unusual shapes.

Daguerreotype representations of the vaccine sore, at different periods and at various removes from the cow.

Committee.	{	AUGUSTUS K. GARDNER, <i>Chairman</i> .
		JOHN P. GARRISH, <i>Secretary</i> .
		J. P. BATCHELDER,
		ISAAC GREENE,
		RICH'D. S. KISSAM,
		JNO. R. VAN KLEEK.

Polypus Uteri and Eclecticism. By O. C. GIBBS, M. D., of Perry, Lake Co., Ohio.

Dec. 20th, 1850. I was called to see Miss Smith, aged 35 years. I found her very much emaciated, anæmic, her nervous system very much shattered, complaining of frequent, profuse uterine hæmorrhage, headache, palpitation, weight in the pelvis, pain in the back, dragging sensation about the loins, &c.

On inquiry, I found a digital examination had been frequently made by another practitioner; and, hence, resorted to the same means of information without hesitancy. A polypus was found attached to the fundus uteri, of the size of a large pear. Removal by ligature was determined upon; consequently, on the 22d, by the means of a double-barrel canula and bonnet wire, the polypus was ligated.

It may be well to say here, that bonnet-wire is probably equal to any

other ligature, and preferable to many, in consequence of the ease with which it is applied and tightened.

Every second day, the vagina was washed with tepid injections, and the ligature tightened by turning the canula, which twisted the wire upon itself, and consequently lessened the caliber of the ligating portion of the wire. On the sixth day after ligating, the canula was found loose in the vagina, and the polypus, considerably reduced in size, was removed by the aid of the fingers.

This case is interesting from its previous history, and lengthy treatment at the hands of one of those ignorant pretenders who, with the pleasing cognomen of "Eclectic," tamper with the lives of their fellow-men, and pocket complacently the golden rewards of their worse than useless medication; decrying that knowledge and skill that might save their patient from suffering and death, while in the darkness of ignorance they are aggravating the former and inviting the latter.

This patient had been under treatment for more than two years, for the above-mentioned symptoms. Digital examinations had been made without number; medicines of complex compounding had been given without stint; opium, to relieve pain, had been largely and perseveringly ordered, until the nervous system had severely suffered. Pessaries, of different forms and composition, had been forced into the vagina, with the ostensible object of holding the uterus in position. Uterine and abdominal supporters, of various patents, had been perseveringly worn, with the same plausible design. But all without avail; the symptoms would persevere in spite of this multifarious medication. An error in diagnosis, which nothing but the most consummate ignorance could have made, was fatal to success. How this case would have terminated, the reader can easily imagine.

Want of skill and success was by no means met by a want of confidence; for the patient and her friends were perfectly satisfied; and any insinuations reflecting upon their adviser's deficiency of medical knowledge, would have been met with contempt. I was sent for only because their favorite quack, for a few days was not to be had. On his return, at one of my visits, I found him with the patient; and, from his conversation, I am certain he was ignorant of the nature or pathological significance of polypus, and was not sufficiently acquainted with his mother-tongue to know the definition of a ligature! Yet he was doing quite an extensive business, and, in addition, was officiating as a justice of the peace. My patient admitted he did not fully understand her case, but she verily believed he was capable of understanding every other. When pretenders are capable of such a hold upon individual confidence, their reputation is alike independent of success or failure,—of judicious or pernicious medication. Hence, the impossibility of quack extermination is readily apparent.

Obstetric Memoranda. By B. FORDYCE BARKER, M. D.

I propose, from time to time to give our readers a condensed view of all that is new and valuable in connection with midwifery, and the diseases of women. I shall in this article, briefly allude to some of the more important papers which have appeared in foreign and domestic journals on these subjects, during the last year.

On the Induction of Premature Labour.

The propriety of exciting the gravid uterus to prematurely expel its contents, is at the present day no longer questioned in those cases where the life of the mother is jeopardized by the continuance of the function of gestation, and in certain cases where there is a chance of preserving the life of the fœtus by so doing, which would be impossible, from mechanical causes, at full term. The methods by which this has been effected are, puncturing the membranes, separating the membranes from the os and cervix uteri, dilatation of the os uteri by sponge tents, and the administration of ergot.

In the January No. of the "Medical Times and Gazette," Dr. Francis H. Ramsbotham, of London, gives a table of fifty-five cases in which the ergot was given for this purpose, and another of thirty-six where labour was induced by puncturing the membranes. Dr. R. believes that no means yet devised, is of such easy application and is liable to so few objections, as the use of ergot. But we believe that an analysis of his tables will hardly lead to the same conclusions in the minds of others. That ergot will induce uterine action, is, however, clearly established. But in some cases it was necessary to repeat it in full doses very many times, before any effect was produced. Many of the patients took more than twenty full doses, at intervals of four or six hours, before the effect was obtained. One took forty-eight and another sixty doses. In eight cases, the ergot failed to exert its specific influence on the uterus. The table also demonstrates that the ergot in some instances has a prejudicial influence on the fœtus in utero. Of the thirty-three children born alive, five died in convulsions speedily after birth. In many of the twenty-two cases of still-births, the mothers declared that they were quite sensible of the moment when the fœtus within them ceased to exist. Dr. R. believes it is a universal principle, that whenever it fails to produce uterine contractions, it is equally innocent of any deleterious effects on the economy of the fœtus.

Professor Kiwisch of Wurzburg, proposed the use of the warm uterine douche. A gallon or two of warm water of a temperature from 96° to 116° is injected continuously upon the os uteri, twice a day. In some cases

two or three douches suffice to induce actual labour pains. In other cases, where the excitability is less, six or eight douches were required. Dr. Tyler Smith, has reported a case in which he successfully resorted to the alternation of the hot and cold douche, by means of a syphon. I have had occasion to recommend the premature excitement of uterine contraction in three cases. In one case at the twenty-second week, on account of the excessive and constant nausea and vomiting; in the second case, at the fourth month, from the intense suffering and danger resulting from the development of the uterus chronically inflamed; and in the third, at the thirtieth week. This patient had complete amaurosis, succeeding eclampsia. When I saw her she had been perfectly blind for a week. The urine was deficient in quantity, and highly albuminous, and she was extremely anæmic. In these cases the injection of a large quantity of cold water into the vagina, repeated every three or four hours, was sufficient to induce uterine contractions. In one case, labour came on the second day (they were allowed to rest undisturbed during the night); in the other two, it came on the third day. Scandoni, of Wurzburg, has induced premature labor by irritating the nerves of the mammary glands, by means of the breast-pump.

In the Nashville Journal of Medicine and Surgery, Dr. Washington asserts that dry cupping, applied to the lowest part of the sacrum, produces dilatation of the os uteri, and applied higher up, contraction of the uterus. In a case where the pains had endured fourteen hours, without producing any perceptible effect, in consequence of rigidity of the os uteri, Dr. Washington applied a dry cup as low down on the sacrum as possible, so as to cover the origin of the nerves to the os uteri. Complete relaxation ensued; at the next pain, the head descended to the outlet, and with the second pain the patient was safely delivered, and that in less than ten minutes from the application of the cups. We are not aware that this method has ever been tried for the induction of premature labor. In conclusion, I should say that as a rule of practice, the douche should be preferred in those cases, 1st, where the operation is necessary in the early months, on account of excessive vomiting, occurring to such an extent as to threaten life by starvation and debility; 2, in those cases where the operation is necessary in the latter months, in order to save the child, on account of some mechanical obstacle to delivery at the full term. But in those cases where the operation is necessary in the latter months, in order to save the life of the mother, on account of dangerous oppression of the circulation or respiration, or excessive vomiting, or draining hæmorrhage from partial separation of the placenta, or from insanity or convulsions, puncturing the membranes is to be preferred, as the evacuation of the liquor amnii frequently affords immediate relief. The only objection which has been urged against the douche

as a means of inducing premature labor, is the facility, certainty, and safety with which it could be made use of for criminal purposes, were it generally known to the public.

Prof. Simpson has published a very interesting paper on "*Morbid deficiency and morbid excess in the involution of the uterus after delivery.*" The physiological development of the uterus during the nine short months of pregnancy is forcibly stated in the following language: "During the forty weeks of utero-gestation, the uterus enlarges from nearly 3 inches in length and $1\frac{1}{2}$ of an inch in breadth, to 12 or 15 inches in length and 9 or 10 inches in breadth. It increases from about 2 ounces in weight to 25 or 30 ounces. The cavity of the uterus before impregnation is less than one cubic inch; while at the full term of pregnancy it is extended to above 400 cubic inches; and the surface of the organ increases from about 5 or 6 square inches to nearly 350 square inches. Before impregnation, the uterine cavity would not hold above a drachm or two of fluid; at the ninth month of utero-gestation, its contents usually weigh from 120 to 150 ounces."

While forty weeks are requisite for the full development of this condition, from four to eight weeks usually suffice to decrease this organ to its normal, unimpregnated condition. Professor Retzius, of Stockholm, has found, in a series of anatomical and histological observations on this subject, that the process of absorption of the walls of the puerperal uterus is preceded, as absorption of other deposits is, by fatty transformation of its component fibres; and that the blood, during puerperal convalescence, shows under the microscope a corresponding superabundance of globules or granules of fat. But in some cases, there are various pathological derangements which retard the uterus in regaining its normal dimensions. Most practitioners must have met with cases which Prof. Simpson describes as "morbid permanence of the state of puerperal hypertrophy." But he is the first to describe an opposite condition of the uterus, following pregnancy, viz., permanent atrophy producing amenorrhæa.

Inversio uteri.—In the Buffalo Medical Journal (Nov., 1853), appended to the report of a case of this serious and alarming accident, Dr. Hunt gives an analysis of sixty-seven cases, which have been recorded. Dr. Hunt's paper is a valuable contribution, its only defect being, in our judgment, a neglect to give the sources from whence he obtained these sixty-seven cases. It has been a mooted question, whether, in those cases where the placenta is adherent, the uterus should be replaced with the placenta still attached, or whether it should be first detached, and then the uterus reduced. As Dr. Hunt remarks, the weight of authority is in favor of the former method of procedure, the argument adduced in its favor being the danger of

increased hæmorrhage attendant on the removal of the after-birth. But Dr. H. urges the following reasons for first detaching the placenta :

First. The attempt to return the placenta very much increases the difficulty of reposition. *Second.* When successful, it leaves a formidable difficulty to be still encountered. *Third.* It does not decrease the danger of hæmorrhage. Of these sixty-seven cases, thirteen terminated in death. In four, death occurred *before* reposition. Three of these died from hæmorrhage, and one from nervous exhaustion with slight hæmorrhage. Four deaths occurred immediately *after* reduction. One from hæmorrhage; the placenta having been returned with the uterus. Three died from convulsions. The remaining five deaths were in chronic cases. Thirty-two of these cases were irreducible; ten of these resulted in spontaneous cure. In five of these cases, gangrene occurred, and "singularly enough, all of these cases resulted in what may be called a cure; that is, the cases recovered from this amputation by natural process, and regained a comfortable general health." Dr. Hunt found no cases which were fatal from gangrene. Five of these cases were cured by spontaneous reposition of the organ. In four cases, ligation was successfully performed. Six were "extirpated" successfully. Four cases of ligation were fatal. Of the termination of the remaining eight there is no record, except that two are quoted as in comfortable health years after the accident.

Dr. Hunt sums up the causes of inversion, its treatment, and its terminations, in the following propositions :

"The liability to inversion decreases, but not to any marked degree, with the number of children which the woman has borne.

"That no one cause can be assigned as universal; but that the complication of a short funis with a rapid labor, the erect posture when delivered, and a large quantity of amniotic fluid, are the conditions most frequently present as causes.

"Inversion may occur without neglect or undue interference on the part of the accoucheur.

"The placenta is adherent in a large proportion of cases.

"When adherent, it should be removed prior to any attempt to reduce the inversion.

"Such removal of the placenta does not increase, but rather decreases, the risk of hæmorrhage, while it retards and renders difficult the reduction.

"Hæmorrhage does not occur to any more fatal extent than does convulsion or syncope.

"All cases in which convulsion occurred were fatal. There is little danger of metritis occurring after reduction.

"Reduction increases in difficulty with the length of time which elapses

before it is attempted. Partial inversion is less easily detected, but more readily reduced, than complete.

"No operation for extirpation should be resorted to until it is evident that life is endangered.

"A sufficient number of cases occur, in which either gradual diminution in the size of the organ or spontaneous reposition occur, to justify and demand a delay of any operation for extirpation, until it is urgently called for by the imminent danger of the patient.

"The operation by ligature involves less danger than that by excision, and is therefore preferable to it.

"An operation is more frequently necessary in partial than complete inversion, and is at the same time less dangerous.

"Finally, under judicious local and general treatment an inverted uterus may often exist, for many years, without great loss of locomotion or of usefulness, and with a comfortable degree of general health."

In our cotemporary, the "New York Journal of Medicine," Dr. Elisha Harris, of this city, has published a capital paper on the "*Pathology of the cervix uteri in those conditions attended with leucorrhœal discharges.*" Although we could hardly endorse all the views and opinions of Dr. Harris, we could almost recommend his paper as a model for a "Report on acute and chronic diseases of the neck of the uterus." We most heartily concur with the following conclusions of his paper:

"Leucorrhœa is a prominent and a very constant *symptom* of local congestive and inflammatory affections of the uterine organs, especially of the os and cervix uteri, attended more or less constantly by structural lesions, and by important constitutional complications of which the local affections may be either resultant or causative.

2. "That, whatever may be the anatomico-pathological lesions and whatever the constitutional complications in cases of leucorrhœa, the most common and the most important seat of the leucorrhœal discharge is in the highly vascular, glandular structure of the canal of the cervix uteri.

3. "That from the extensive and all-controlling sympathetic relations of the uterine organs, it is found that any morbid changes in these organs, whether primary or secondary, re-act unfavorably, and with great certainty, upon the general health, especially upon the digestive organs and the nervous system; and, *mutatis mutandis*, the same principle holds true of primarily unhealthy conditions of the nervous system, the digestive, etc., as causative of uterine disease.

4. "And consequently, that in the curative treatment of any affection that is complicated with any forms of uterine disease, it is indispensably necessary to attend to the constitutional relations of such disease, while it is

equally important to address suitable remedial agencies directly to the local alterations or lesions of the uterine organs.

5. "That the most extensive and reliable experience of the medical profession has demonstrated the utility and essential importance of attending to the local as well as the constitutional treatment of those diseases of females attended by discharges; and that to do this properly and efficiently, the highest interests of the patient demand the appropriate use of dioptric, instrumental examinations of the seat and nature of the local lesions."

Prof. Shanks of Memphis has published in the "Medical Recorder," a series of excellent practical articles, "*On the Relations of Uterine and Constitutional Disorders as Cause and Effect.*" (Will Prof. S. please read his proofs?) There are no salient points which we can select for extract, but we hope to see these papers collected in a small volume. We think their usefulness should not be limited to the circulation of any medical journal.

In the February number of this journal Dr. Sims relates a case of vesicovaginal fistula, in which the fundus was retroverted, and the os tincæ was thrown forward under the arch of the pubis, opening into the cavity of the bladder. The cure was effected by closing up the fistula in the bladder with the os uteri.

Dr. Sims regarded this case as perfectly unique, at the time the article referred to was written; but since that time he has met with another case precisely of the same character. The patient, aged forty-one years, was confined with her first child two years ago, and was in labor forty-eight hours. She was sent from the country to Dr. Mott; and, through his courtesy, the case was turned over to Dr. Sims. In presence of Dr. Mott, the operation was performed, Jan. 10th, 1854. She lay in bed fourteen days, and then got up perfectly well. Four days later, that is, eighteen days after the operation, the menses appeared. The menstrual discharge passed into the bladder, mingled with the water, and passed off as bloody urine, without any inconvenience at all. We had the pleasure of examining this patient, Feb. 12th, and found the fistula perfectly cured.

We regard these cases as among the most brilliant achievements of conservative surgery; and in other countries they would secure for their talented author a brilliant professional success and merited honors.

Cancer of the Lower Lip, extending to the Commissures,—Removal—Restoration of the entire Lower Lip. By J. M. CARNOCHAN, M. D., Professor of Surgery in the New York Medical College; Chief Surgeon to the State Emigrants' Hospital, &c. [Two cases, with plates.]

The lower lip is frequently the seat of cancer, which, if not occupying more than one half of the lip, can be treated, so as to avoid future deformity, by the ancient method of removing the diseased part by an incision in shape of a V, and uniting the bleeding edges thus resulting, by interrupted or twisted suture. When the disease, however, has seized upon two-thirds or the whole of the lip, the necessary operation becomes more complicated; and different autoplasic procedures have been brought into vogue, in order that the edges of the incisions might be properly joined, and the resulting deformity and inconveniences obviated or entirely masked. The Indian and Italian methods of autoplasty are rarely selected to restore loss of substance of the lower lip. Modifications of the Celsian method are usually adopted, the reparation being made by dissecting and prolonging the tissues of the lip or of the cheeks, or by making use of those of the chin or of the neck. By making use of the tissues of the cheek, the new lip would be susceptible of movement, being composed partly of muscular tissue, and would also be lined by mucous membrane, advantages which do not attend the operation when the loss of the lip is repaired by the tissues from the chin and neck, after the method of Chopart.

When the whole lip is involved, Mr. Syme has devised a proceeding which removes the whole of the morbid part in a triangular form, by two incisions made from the angles of the mouth, so as to meet at the chin. From the point where these two incisions meet, two other incisions are made downwards and outwards on each side, and then with a slight curve outwards and upwards. The flaps thus fashioned are next detached from their subjacent connections, and raised upwards, so as to be on a level with the original lip; and the respective surfaces are then retained in contact by twisted suture. This plan is ingenious, but its defect is similar to that of Chopart, the new lip being constituted partly by thin and immoveable tissues borrowed from the upper part of the neck.

In the cases related below, I adopted the method of removing the cancerous part by an incision on each side, beginning at the commissures of the mouth and meeting at the chin. The angles of the mouth were then prolonged by incisions on each cheek, running transversely towards a point a little below the lobe of the ear. The triangular flaps thus resulting were detached. The bleeding edges, forming the sides of the triangular loss of substance, were then brought together on the median line by points of

suture, the free border of the new lip being formed at the expense of the cheek, as a consequence of the transverse incision. From the satisfactory results which followed this mode of proceeding, whenever the cancerous degenerescence does not extend beyond the labial commissures, I should invariably give it the preference.

Case 1. E. Connor, aged 69 years, laborer, married, bilio-nervous temperament, in feeble health, with a cancer of the lower lip, applied to me for advice in the month of November last. Until attacked with this malady, he had always enjoyed good health, had been accustomed to good food, and to working out of doors. He has never had any venereal affection, nor any manifestation of strumous disease. His father, who lived to the age of 90, and his mother, who lived to the age of 63 years, were free from cancerous disease. He has had brothers and sisters, none of whom have ever been affected with any form of cancer.

Two years and a half before he consulted me, while splitting wood, a splinter flew off and struck him on the centre of the lower lip, bruising somewhat the lip, and breaking the surface. Thinking the injury trivial, he paid but little attention to the sore, using at times a solution of borax, at others, the powder of burnt alum. For twenty years past he had been accustomed to smoke a clay pipe, and, notwithstanding the sore on the lip, continued to indulge in this habit. Soon after the accident, the ulcer on the lip assumed an irritable character, with indurated margin and sanious discharge, showing but little disposition, however, to spread. About two years from the commencement of his malady, he came to this city, from Connecticut, to obtain medical advice; and, visiting one of the dispensaries, a blue ointment, the composition of which he does not know, was prescribed for him as a local application. Returning home, he made use of this medicament, from which he suffered much pain; and he describes his disease as thenceforth making rapid progress, the surface of the ulcer becoming much enlarged, and the induration extending on either side towards the labial commissures. Four months after this, the disease had become so extensive and his sufferings so severe, that he again visited the city, to place himself under my care.

The lip now was converted into an angry-looking, indurated, and ulcerated tumor, presenting granular irregularities, of a dull reddish and purple hue, and bleeding each time the dressing was removed. The cancerous disease extended transversely entirely from one labial commissure to the other, not leaving the smallest interval of sound tissue; while it also extended for more than an inch downwards, two lines beyond the mento-labial furrow; the lip having the appearance of being everted. The free border of the lip presented about its centre, at the original seat of the disease, a large

ulcer with elevated margins; and from this the cancerous action had spread inwards along the mucous lining of the lip nearly as far as the point of reflection of the mucous membrane from the lips to the gums. The saliva continually flowed in quantities over the diseased surface of the lip. The glands below the lower jaw remained without contamination or enlargement, notwithstanding the duration and extent of the disease.

Operation.—5th Dec. The patient was brought into the amphitheatre of the New York Medical College, and seated upon a chair of suitable elevation. While the face was in repose, with a piece of No. 1 carmine, pointed, a dotted line, an inch and five-eighths in length, was made on each cheek, extending from the commissure of the mouth toward the extremity of the lobe of the ear, with a slight concavity upwards. From each commissure two other dotted lines were also made, extending downwards and inwards so as to meet at the lower part of the chin on the mesial line.

The patient's head was now supported by an assistant, who at the same time compressed the two facial arteries as they pass over the base of the jaw. Standing in front, and seizing with the forefinger and thumb of the left hand the left cheek, at the labial commissure, so as to keep steady the tissues, holding the instrument in the right hand, with a sharp-pointed, narrow, straight bistoury, I transfixed the tissues of the cheek on the dotted line, about four lines in front of the anterior margin of the masseter muscles. The knife was now directed along the dotted line so as to divide the entire tissues of the cheek, as well as the labial commissure of this side. Changing the bistoury to the left hand, and seizing the right labial commissure with the fore-finger and thumb of the other hand, the tissues of the cheek of this side were divided in a similar manner.

The lower lip was now held and drawn forwards by the fingers and thumb of the left hand, and separated from its attachments to the lower jaw as far down as its base. This done, and still retaining the lip with the left hand, an assistant at the same time aiding to maintain the tissues tense by grasping the cheek, the bistoury was carried downwards from the left commissure to the middle of the chin, dividing the entire thickness of the tissues in this direction. By a similar manoeuvre on the other side, beginning the incision at the right commissure and carrying it downwards so as to join the last incision in the median line on the chin, the cancerous lip was removed without leaving any traces of the disease.

It now remained to repair the loss of substance thus resulting, by bringing into exact apposition the bleeding margins of the incisions, and to unite them by the twisted suture.

In order to render the extension of the tissues of the cheek more easy,

the flap bounding on each side the triangular loss of substance, was detached from the inferior maxilla by passing the bistoury along the line of reflection of the buccal mucous membrane from the gum to the cheek. The flaps were now drawn forward, so as to bring together vertically on the median line the bleeding edges of the inferior incisions. The horizontal incisions also meeting, formed the free border of the new lip. Along the vertical line of union five points of suture were inserted, beginning at the upper part, so as to secure evenness of the free border of the lip. The angles of the new mouth were next adjusted by inserting a suture pin on each side, at points suitable for the formation of the commissures. Two suture pins on each side were used to maintain in apposition the edges of the horizontal incisions.

The free border of the new lower lip, formed by the lower margin of the horizontal incision, still presented a bleeding surface. To regulate the shape of the prolabium, and to cover the bleeding margin with sound tissue, the mucous lining which invested the inner surface of the new lip was drawn over the bleeding edge, and united by five points of twisted suture with the integumentary tissue.

The patient was not placed under the influence of any anæsthetic; and he lost but little blood during the operation, the facial arteries having been efficiently compressed by Dr. Curtis, of Chicago, by whom, as well as by my pupil Mr. Maurice Peugnet, I was ably assisted. *Vide* Plate No. 1.

Progress of Union.—Tuesday, 6th Dec., day after the operation. A good deal of pain; had slept badly during the night; incisions look well; anodyne for the night.

7th. Much more comfortable; slept well; incisions show but little inflammation; ordered milk punch; anodyne for the night.

8th. Union proceeding favorably. Ordered beef tea—milk-punch continued.

9th. Fourth day after operation. Has slept well; union in some parts perfect. Removed two lower and the middle suture pins along the mesian line of union; also, two from the horizontal line on the left side, and one from the similar line on the opposite side. The mucous membrane had become united to the integument forming the prolabium; the suture pins here were also removed. Washed the parts with rum and water; same diet continued; quietness observed; anodyne for the night.

Sunday, 11th. Removed the two remaining pins from the median line. Union here perfect. Removed also the pins at the angles of the new mouth, on the left side; union perfect along the horizontal line of incision, including the commissure of this side. Union also perfect along the right hori-

zontal line of incision, except at the commissure; here slight ulceration had taken place at the site of the suture pin.

Wednesday, 14th. Every thing has been going on well; granulation progressing healthily at the left commissure; dressing continued here, of bals. peru ointment.

Sunday, 18. Granulating point at the right commissure nearly healed.

Sunday, 25th December. Twenty days after the operation, every part along the incisions entirely healed and united. The prolabium presents a natural appearance.

The patient discharged cured, feeling in good spirits, and expressing much astonishment at the present condition of his new mouth. *Vide* Plate No. 2.

Case 2. This case is in almost every respect similar to that which has just been related.

J. MacGivney; æt. 56; native of Ireland; wool-dealer by occupation; married; robust; applied to me for advice, January last.

There were no strumous manifestations about him. His family had all been free from cancerous disease; his father dying at ninety years of age, from old age; his mother at sixty-two years of age, without any marked cause. He says he never had any venereal malady, and that he has always enjoyed, until his present disease commenced, good health, and that he has been accustomed to wholesome and generous diet.

The disease, from his description, took its origin in a crack on the centre of the lip, which he attributes to cold. After the solution of continuity occurred on the lip, he continued to smoke a clay pipe, which had been a habit with him for thirty years past.

The ulcer did not increase much, but became indurated, at times affording a scanty, offensive discharge, at others becoming encrusted with a scab, which would at short intervals drop off. Living in the country at this time, he did not receive medical advice; but used, occasionally, some washes which were recommended to him by his neighbors, but without any good effect. The malady increasing, and giving him much inconvenience and pain, he came to New-York city, and consulted a medical gentleman, who prescribed an ointment for him; and with this he again returned to the country. Here he remained for nearly a year; and the malady still increasing, and the pain becoming intolerable, he again resorted to the city, to seek my advice.

At this time, his general health appeared somewhat impaired. The teeth were good. From the long-continued action of the pipe, the teeth were worn into a deep groove on the left side, between the canine and adjoining incisor teeth on the lower jaw, and at a corresponding point on the

upper. There were no irregular asperities of the dental arches, which could irritate the lips.

The whole of the lower lip had become involved in the disease, presenting an indurated tumor, ulcerated at many parts, irregular on its surface by angry fleshy points of a reddish hue, and bleeding upon the slightest touch, and extending transversely to the extent of $2\frac{3}{4}$ inches, from one commissure to the other, and downwards two lines beyond the mento-labial furrow. The ulceration extends inwards upon the mucous lining of the lip; and, by running the finger between the lip and the dental arch, the induration is felt extending downwards below the point of reflection of the mucous membrane, from the gum to the lip. The saliva flowed continually and freely over the diseased mass; the pain was excruciating. There was no glandular enlargement below or over the lower jaw.

The operation was performed after the same method as that practised in the preceding case; the progress of union went on without interruption; and on the nineteenth day after the operation, the patient was dismissed cured, with a new lip altogether resembling the original in function and appearance.

766 BROADWAY.

PART II.—REVIEWS AND BIBLIOGRAPHY.

The Transactions of the American Medical Association. Instituted 1847.
Vol. VI. Philadelphia, 1853; pp. 866.

[Continued from p. 208.]

The report of the Committee on Medical Literature is by Dr. N. S. Davis, of Chicago, Ill., and is made by an individual in the name of a committee, in the objectionable manner which we have before pointed out. The proper title would be Dr. N. S. Davis' report on medical literature. The paper is valuable, as giving the opinions of a gentleman who has been for some time conversant with our medical literature, especially with that of the periodical press. We conceive it is of no weight any farther than this. Holding this opinion, we do not feel called upon to discuss its topics, especially as we have been compelled to dwell very much at length upon some other papers contained in this volume. Our own views of our medical literature were

sufficiently, though briefly, expressed in the salutatory of the January number of the MONTHLY. Some of those views are accordant, some discordant, with those of Dr. Davis; but the differences are upon points in which there is room for doubt. We shall, then, content ourselves with saying that there is apparent in the paper a candor and fairness, not, indeed, unexpected, but not always found; a national spirit, not so bigoted as to see good only in that which is American, but independent enough to see and encourage that which is good among Americans; and an earnest desire for the elevation of our professional literature. No one can fail to consider these as great excellencies; and certainly no one can more cheerfully than we acknowledge their value, and trust they may have an extended influence.

The Committee on the Epidemics of Tennessee and Kentucky have made their report, not by an individual, but with the authority of all of their names. For this reason it has weight as a permanent document. The chairman, Dr. W. L. Sutton, held the same position on the committee which reported the preceding year. This, we conceive, is a very great advantage; for with an entire change of a committee there is too apt to be a repetition of the same facts, and of observations which have been previously made. A report like this, based on the observations of various gentlemen, can present only a synopsis of their observations as to the origin, symptoms, and character of diseases, together with the best mode of treating them. It is, in fact, of value from its thus condensing these observations into such form as makes the facts of convenient access, and permanently preserves them. To make an abstract of it, then, is impossible, and we shall not attempt it. The paper, however, we consider one of great value, and that not only now, but it will continue to be so. A great difficulty in the science of medicine arises from the want of precisely such observations, continued through a series of years, and carefully preserved. A great amount of labor must have been undergone by the Committee, and the gentlemen who have assisted them, in gathering their facts; and for this reason the thanks of the whole Association should be accorded to them. It is a fact of some significance, we wish we could pronounce it auspicious, that this is the only report on epidemics in this volume; while in the volume which immediately preceded this, there were no less than *seventeen* such reports, with four other papers upon subjects directly connected with them. We know, only too well, how much difficulty there is in getting together the facts of which to form such reports, and how much labor there is in digesting and putting them in order after they are obtained. It is far more easy to write a brilliant essay upon some special subject, and one's individual reputation is far more widely extended by such a performance. Still, it is only by the constant accumulation of such statistics that the facts of disease, its causes, and the influen-

ces which render it epidemic, can be after a long time determined. To accomplish this, something more than *spasmodic* efforts are necessary; and the example of this committee, standing alone as it does, only renders its excellence more observable.

The report of the Committee on Typhoid Fever, submitted to the Association by the chairman of that Committee, Dr. Henry F. Campbell, of Georgia, is a valuable paper, inasmuch as it embraces a review of the literary history of this disease, and an excellent *resumé* of its prominent and characteristic phenomena, as collected and recorded by the most approved authorities and writers on this form of continued fever.

In this inquiry, and in the conclusions to which they have arrived, this Committee have not depended on their own observation of cases of the disease, but have based their views of the nature and pathology of typhoid fever, upon a careful comparison and consideration of the recorded observations of others.

"We have in no instance referred to our own observations of cases; for it is obvious to our mind that any views of disease founded mainly upon rational induction, would be less liable to fallacy when based on the recorded, careful observations of others, than when they are merely the interpretation of our own cases, always liable to preconceived opinions and foregone conclusions, which have ever proved most effectual and deplorable barriers to correct observation."—Page 421.

Indeed, we have no evidence that the authors of this "inquiry into the nature of typhoidal fevers" have had any opportunities of acquiring a knowledge of the essential characteristics of the disease, from personal observation of cases of the disease. They do not profess, by the discovery of any new phenomena, to add anything to what are already known facts in relation to the disease; but by their own interpretation of these facts, which have been established by the repeated observations of others, they do propose new views, and infer new conclusions, in regard to the nature of the affection.

The authorities from which the history and statistics of the disease have been principally drawn by the Committee, are, the Remarks of M. Louis on Typhoid Fever; the treatise of Professor Wm. Jenner, of London, on the "Identity or Non-identity of Typhoid and Typhus Fevers;" Reports on Continued Fever, by Dr. Austin Flint; Essay on Fever, by Dr. Bartlett, &c., &c.

In tracing out the nature and history of typhoid fever, as the disease has been described by these different authors, the Committee have found that there are certain morbid conditions of the animal economy, which nearly

all writers have agreed to consider as being usually pathognomonic symptoms of typhoid fever.

"In the first place, there is always more or less prostration, with an impairment of the nervous system. Secondly, there is *fever*, which is continuous, but sometimes variable in its degree. Thirdly, in the vast majority of cases there is more or less diarrhoea, generally of an obstinate but passive character. And fourthly, its most constant pathological appearances have been found to be those which refer to the abdominal viscera, there being very uniformly some special alteration in the follicles studding principally the mucous membrane of the mesenteric portion of the intestinal canal, known as the glands of Peyer and Brunner."—Page 422.

There are, also, beside the above essential or characteristic symptoms of the disease, other manifestations usually attendant upon typhoid fever, which, although numerous, may be referred generally, in the opinion of the Committee, "to one or other of three classes of symptoms, the combination of which appears to constitute the disease, viz. disturbances of the *nervous system*, of the *circulation*, and of the *digestive organs*."

Following this classification of the essential characteristics of the disease, the Committee have reviewed each of these symptoms, comparing the views of the different authorities, and have also described pretty fully the anatomical lesions, both those considered by most pathologists as the essential lesions of typhoid fever, and those which are only occasional or accidental in their nature.

In pursuing this "inquiry," the Committee have occupied some thirty pages of the Transactions, without adding any thing new to what was already known of the "Nature of Typhoidal Fevers." But this somewhat extensive *réchauffé* of our authors must be excused; as we are told on page 451 that the object of the present treatise is, by an analysis of some of the most important phenomena in its natural history, to arrive at what they consider "the true, or, at least, the most rational theory of the typhoid affection."

But how the true nature of a disease is to be discovered and revealed, through an analysis and comparison of its principal phenomena, by inquirers who have never studied the vital manifestations of the living organism when influenced by the disease, nor have ever sought in the cadaver for the effects of these vital morbid acts, we are unable to conjecture. The Committee seem to be aware, for they express the fear, that "suggestions regarding the proximate cause of typhoid fever will meet no great degree of favor, for there is no disease in relation to which so many theories have been promulgated."

And why has this been the case, that among the many views of the nature of this form of continued fever, which from time to time have been brought to light, so few have outlived the season of their birth? Simply because, as we believe, they have been based in most instances, as in the

case of our Committee, on the recorded observations of others, and not derived from the "language of disease," interpreted by perfectly unfettered and unbiassed cadaveric researches.

Still, we would not be understood to say here, that the authors of this inquiry have failed altogether, in their pathological deductions, to elucidate in any degree this very obscure question. This ray upon the thick darkness may be, along this path of investigation, as the first gleam of the morning that leads ultimately to the fulness of day.

After a careful analysis of the anatomy and physiology of the great sympathetic or ganglionic system of nerves, and a consideration of the connection existing between this system and the phenomena of typhoidal fever, the chairman of the Committee, Dr. Campbell, announces his conviction, that "the essential symptoms of typhoid fever are located in organs deriving their innervation principally, and in many instances entirely, from the ganglionic system."—p. 464. In short, that an abnormal state of this peculiar portion of the peripheral nervous system constitutes the primary and essential characteristics of typhoid fever.

"There appears to be," says the author, "a very close relation between the amount of disease observed in any particular portion of the organism—the alimentary canal, for instance—and the degree to which it is indebted to the ganglionic system for its innervation; thus we find but a small amount of disease, congestion, seldom any ulceration, in the *larynx*: ulceration is somewhat more common in the pharynx, œsophagus, and stomach, though still not abundant. It disappears in the *duodenum*, which receives but few sympathetic filaments, and again appears in the upper portion of the *ileum*, increasing, as we descend, in *direct proportion* to the amount of ganglionic fibres the part receives, till it reaches its maximum in the lower portion, where the nervous supply is very abundant; after which we find ulceration *occasionally* in the cœcum, still less frequent in the colon; till in the *rectum*, whose innervation is principally from the cerebro-spinal system, it is never observed. So, likewise, with regard to the other organs; we find the *liver*, *lungs*, and *spleen* are all subject to congestions, which can be referred to the same abnormal innervation of these viscera."—p. 465.

According to Dr. Campbell's views, therefore, the amount of disease in typhoid-fever, with regard to localities, will be found to be in "an exact correspondence with the distribution of the sympathetic nerves," or in the proportion of the ganglionic innervation in any given parts. We have not room to examine this proposition, on the truth of which this ingenious theory of the author must rest altogether, in relation to all the parts ordinarily affected in typhoid fever; but if we take the first locality named in connection with the proposition, to wit: that "we find but a small amount of disease, congestion, seldom any ulceration, in the *larynx*," we shall discover that the author is at direct issue with one of the greatest pathologists of this or any other age.

"The typhous process," says Karl Rokitsansky, "occurring in the air-passages, presents numerous peculiarities in reference to its connection with the general disease, with the morbid state of the mucous membrane of the small intestine, where, amongst us, it usually becomes localized as ileo-typhus."*

According to Rokitsansky, the typhous process, when affecting the mucous membrane of the air-passages is developed with more intensity in the *larynx*, than when it affects the bronchial mucous membrane. In the latter location, it always appears as an intense diffused congestion, and "never gives rise to any apparent production of a secondary formation of the tissue of this membrane, such as is produced in immense quantity in the intestinal follicles, in cases of abdominal typhus." * * * "*Laryngo-typhus* is with us an unusually common and extremely unfavorable symptom in many epidemics of typhus. * * * As we see it in the dead body, there is almost invariably a loss of tissue, or ulcers of the same kind as those in the intestines, but less deep-seated."†

With regard to the treatment of the disease, Dr. Campbell suggests *strychnia*, "in minute but efficient doses," as the appropriate remedy in typhoid fever.

We shall close our review of this inquiry into the nature of typhoid fevers, by a brief reference to another hypothesis, on the subject of the nature and origin of typhoid fever, which at this time is finding some advocates in Europe.

At a meeting of the Imperial Academy of Medicine (Paris) in December last, M. Brichteau read a report upon a memoir of M. Druhen, sen., member of the committee of hygiene in the province of Doubs, on the history of epidemic diseases which had prevailed in the province from 1836 to 1850.

A part of M. Brichteau's report is devoted to a critical examination of documents collected by statistics, and the numerical method, for the support of an hypothesis, which, originating with a mathematician, had been propounded by M. Bayard, a physician, in the following terms:

"Confluent variola and typhoid fever are one and the same disease, sometimes external, sometimes internal, produced by the combination of variola and typhus. That is to say, in other words, small-pox, whose development is prevented by vaccination, is changed at a later period into a kind of internal variola, which is nothing else than typhoid fever; so that the mortality of infancy, arrested by vaccination, is found to be changed and carried forward to a more advanced period of life. Instead, therefore, of dying, as infants, of variola, they die in after life of dothinteritis. Conse-

* A Manual of Pathological Anatomy, Sydenham So. Edition. Vol. IV. p. 22.

† Op. Cit., p. 24, 5.

quently, vaccination, so far from being a useful preservative in infancy, may be a most unfortunate gift to humanity, one which preserves its victims to be sacrificed in youth and adult age.*

On page 509 is to be found a paper entitled, "On the Surgical Treatment of Morbid Growths within the Larynx, illustrated by an original case and statistical observations, elucidating their nature and forms. By Gurdon Buck, M. D.," &c.

Dr. Buck has made two other contributions to the surgery of the larynx in former volumes, and we have determined to take the three articles in connection in this review. The importance of the subject itself might justify such a recurrence to previous publications; and the renewed direction given of late to the therapeutics of this region, would seem to require a *résumé* of Dr. Buck's labors on the subject, in order that the profession may fairly weigh their value. Accordingly, on page 277 of vol. IV. of the Transactions, published in 1851, we read, "Six additional cases of Oedematous Laryngitis, successfully treated by scarifications of the Epiglottis and Aryteno-epiglottic folds. Communicated by Gurdon Buck, jun., M. D.," &c.

Again, on page 135 of vol. I., published in 1848, is a third article under the heading, "Oedematous Laryngitis successfully treated by scarifications of the Glottis and Epiglottis. By Gurdon Buck, jun., M. D.," &c.

Without any envious hankering after a similar celebrity, we think we can affirm, in justice to both parties, that the American Medical Association have displayed the greatest liberality, in thus affording Dr. Buck such ample opportunity of putting completely before the profession his experience in relation to the treatment of the diseases which form the subjects of the papers just enumerated. It seems to us, nevertheless, to be a very pertinent question for consideration, whether all these communications are not more adapted for the pages of some ordinary periodical publication, rather than for the place they occupy, as a portion of the records of a national scientific body; whose chief aim, we opine, should be the enunciation of well-recognized and authenticated abstract principles, derived from a careful generalization of well-observed facts, the establishment of sound medical doctrine, and the conservation of historical details.

That, *on individual points of practice*, the information contained in these contributions is valuable, must be acknowledged; and the statistical table included in the first displays a highly commendable amount of industry in compilation. But, with the most respectful deference to the judgment of the committees who admitted them to the privilege of their present notoriety, we assert that we cannot perceive, and we therefore deny, that they throw any light on either the pathogeny or special pathology of

* Gazette des Hôpitaux. December, 1853.

those very formidable diseases. The illustrations by which all of these papers are accompanied, must have formed an item of considerable magnitude in the expense-account of the publications in which they respectively appear; an outlay of the funds of the Association hardly warranted, we submit, either by the excellence of the illustrations themselves, or the style in which they are executed. The whole of the information which these several documents contain, *of practical importance*, might, we can imagine, very advantageously to the profession and profitably to the funds of the Association, have been condensed in the space of half-a-dozen pages, including the table. However, there they are in all their integrity, put before us with the *prestige* of endorsement by the Committees on Practical Medicine and Surgery (why the first should have taken up one of them is a matter of surprise): as reviewers, we are privileged to judge them by their own merits.

To this task we now address ourselves; and we would premise that we consider it to be most fortunate that Dr. Buck's well-established and well-earned reputation enables us to do this with a freedom which, under other circumstances, we might mercifully abstain from exercising. We shall take up the papers, and the cases they contain, in their chronological order of publication, the reverse of that in which they are cited above.

In the first essay made by our author on the subject of œdematous laryngitis, there is no attempt made to give us the etiology of the disease, but he dashes off boldly at once to a description of his treatment, and the means used by him, with a relation of the cases in which it was employed. There is not even an attempt at ratiocination on the important analogy between the benefit known to be derived from scarifications of the œdematous subcutaneous cellular tissue in external inflammatory diseases, be the same erysipeloid, phlegmonoid, or gangrenoid, and the anticipated favorable result from a similar treatment of internal localities—the laryngeal mucous membrane to wit—so happily for the world, arising as a conviction in his mind. His conviction, we are told, had been latent for more than a year previous to the period at which he revealed it to his hospital associates, on the occurrence of the first case which offered an opportunity for the application of the practice. As nothing is said on the subject of the sources from which this conviction sprung, we are justified in supposing it to have been intuitive; and are thus naturally led, from this one instance more, to admire and rejoice over the wonderful fecundity of human genius and intellect.

After a few prefatory sentences on the value and importance of *tact* as a means of diagnosis, written in a manner which, although not distinctly stating it to be such, at least implying that this was also an original idea or "conviction" (subsequently, page 149, the credit of the touch diagnosis is assigned to M. Thuillier, on the authority of Bayle), he commences the nar-

rative portion of his paper; and for the better elucidation of the description, we are referred to two plates. The first being a diagram intended as a view of the parts involved, taken from a most unnatural point of view, and therefore purely imaginative, in which the point of a finger and the extremity of a curved instrument, are the prominent objects; the latter is seen dipping down into, what appears to us to be, a laceration of the posterior wall of the cesophagus caused by its edge. However, this may be a misapprehension on our part of the true state of things, and not, after all, the fault of the diagram, the shaded portion of which, to our astute mind, bears a strong resemblance to the inside surface of the flat side of a Greenbay oyster.

"But little difficulty is generally experienced in carrying the end of the finger above and behind the epiglottis, so as to overlap it and press it forwards towards the base of the tongue," p. 136. We confess to a large share of scepticism on this point, unless indeed the operator is happily endowed with an unusual length of digit; and even then we question the utility of the proceeding in the course of the operation, and are inclined to deny the possibility of accomplishing it with that care which should characterize the skilful surgeon; at least, to carry out the author's instructions, in most throats, with an ordinary finger, would involve such a cramming of the metacarpal knuckles into the os externum, as entirely to impede vision and materially interfere with the successful manipulation of the "curved knife and scissors," which are so ingeniously delineated in plate 2.

Let us now analyze the cases; and, to facilitate the process, we give a highly concentrated preparation of the leading points.

Case I.—Treatment (*in strict order of detail*). Stimulating gargle; six leeches to the larynx; *scarifications*; twenty ounces of blood from the arm, and grain-doses of tartar emetic. Medicinal treatment continued for three days. Cured.

Case II.—Treatment. Inhalation of warm vapor; poultices to the neck; blister over the sternum; no relief. *Scarification*; solution of nitrate of silver, 20 grains to the ounce, applied to the fauces an hour after the operation, and once the following morning. Patient relieved. No statement as to other treatment.

Case III.—Treatment. Sixteen ounces of blood taken from the arm: vomiting by compound syrup of squills; 20 grains of calomel; warm fomentations to the throat. *Scarifications*; six leeches to the larynx; nitrate of silver on either side of the neck, externally. Next day, two grains of calomel every two hours, and $\frac{1}{2}$ of a grain of tartar emetic at the same interval alternately. (These medicines were administered for at least four

days.) Second day, *scarifications repeated*. Third day, patient worse in every respect. Vomiting, with sulphate of copper; *scarifications repeated*. Same day, danger of suffocation so great, tracheotomy proposed, but refused by patient. At this time, erysipelas appears on the cheek. Fourth day, "To our great surprise, patient is still living, and apparently no worse; says he feels better. Erysipelas is spreading on temple and forehead." Erysipelas runs its course and patient recovers, free from all symptoms of laryngeal disease.

Case IV.—Complicated with typhus and bronchitis. Treatment. Had been blistered over the chest, and was taking Stokes' expectorant (*the active basis of which is tartar emetic*). *Scarifications*; Stokes' expectorant continued. Second day, patient worse. *Scarifications repeated*; Stokes' expectorant continued; blistered surface kept sore. Patient recovers.

Case V.—Treatment. A blister had been applied to the throat; ten grains of calomel, followed by black draught; *scarifications*. "After waiting half an hour it was judged most prudent not to rely exclusively upon the scarifications, but to give the patient the additional chance of tracheotomy, which was accordingly performed without delay." Next day patient improved, and convalescence followed. "No auxiliary treatment was employed."

"The other three cases which occurred terminated fatally, and without scarifications being resorted to."

Now, we appeal to the candid reader, and would ask, whether in these cases, as reported, Dr. Buck has substantiated a good claim for his scarifications? Can it truly be said of any one of them, or of the result of all of them, that on the scarifications *alone* the cure depended? Was nothing due to the blisters, poultices, fomentations, inhalations, nitrate of silver externally and internally applied, calomel, tartarized antimony, leechings, bleedings, to say nothing of the vomiting and purging, and, lastly, to tracheotomy? In case third, we ascribe the beneficial result to the inflammatory metastasis, for it is remarkably spoken of, that after the erysipelas made its appearance on the cheek, the patient began to recover from the laryngeal difficulty, and that to "our great surprise." That scarification was apparently a useful adjuvant, we will not deny, as much so as scarifications usually are in external inflammations. It is altogether ungenerous to say, page 145, "In cases II. and IV. no other efficient auxiliary treatment was employed." Inhalations; blister; poultices; *solution of nitrate of silver*; no auxiliary treatment! Oh! Galen! Oh! Hippocrates! As for the special pleading against the effectual benefit derived from tracheotomy in case V. as also in the cases quoted in his argument, in which the result was

entirely favorable, *all the cases recovering*, we must say that it is better evidence of the author's forensic, than of his logical powers.

And those three fatal cases—Oh! why were they permitted to die, without one gash, one scratch being made for their rescue? This is a fair question. If confidence was so fully established in the efficacy of "the new treatment," "the results obtained having so far exceeded the most sanguine expectations," why, we repeat, was it not tried in those three unfortunate cases? We confess that we are not assisted in explaining this inconsistency, by the underquoted passage, which immediately follows the author's allusion to them.

"They, however, possessed peculiar interest, as furnishing illustrations of the anatomical characters of the disease; and, happening, as two of them did, after the first trial of the new method of treatment, they served to strengthen confidence in its adaptation and practicability."

This is surely an enigmatical paragraph. Does it mean that the patients were suffered to die in order to have an opportunity of "illustrating the anatomical character of the disease;" or does it imply that some doubt existed on this point, and also, as to the operation itself, and that the opportunity of examining the condition of the parts, was requisite "to strengthen confidence in its adaptation and practicability." Read it as we will, it is most botheringly paradoxical.

And here, *inter alia*, we beg to correct our author a little in his erroneous views of the anatomy, physiology, and pathology, of this locality and this disease. He says: "In the third case, not represented, the swelling also occupies only one edge of the glottis, and *in all three cases, the swelling descended to the vocal chords*, and encroached very much on the cavity of the larynx." What are the conditions necessary, as to tissue, for the existence of œdema? A cellular tissue capable of distention by—or of containing—a fluid, and surrounded by another tissue, which may or may not be possessed of elasticity; *e. g.*, mucous membrane, cutis, muscle, fasciæ, &c. Now, it is a well-ascertained fact, that under the mucous covering of the vocal chords there is no cellular or areolar tissue; the membrane is so closely bound down over the structure of the thyro-arytenoid articulation, as to render their separation a matter of extreme difficulty, if not a complete impossibility, without lesion either of the membranous or cartilaginous structures involved. If there be any areolar tissue discoverable there, it exists under such a condition as to render its infiltration by fluid impossible;—and how perfect a provision this is, in the harmonious design and construction of the organ, by Eternal Wisdom!

If, therefore, morbid change existed at the vocal chords, it must have been thickening of the membrane itself—hypertrophia. The annals of

pathology are not barren, as we shall hereafter perceive, of examples of such a condition.

Before noticing a few other points in this first paper, which may be advantageously illustrated by reference to the second, let us now pursue the same process of analysis with the "Six additional cases," vol. iv. p. 278.

Case I. Œdema, resulting from a superficial burn. Treatment, thirty leeches applied to throat, followed by hot fomentations; no relief; *scarifications*; recovery; no other treatment stated. *Good.*

Case II. Phthisical subject. Patient had been kept nauseated by tartar emetic. Ten grains of calomel were given, followed by oil; tobacco poultice to the throat, and mustard pediluvium; strong solution of nitrate of silver applied to the interior of the larynx with a probang. "Instantly a convulsive paroxysm of suffocation was produced, and for a few seconds threatened the life of the patient. After waiting a minute or two, and finding the danger of suffocation still continuing imminent," *scarification* of epiglottis and aryteno-epiglottic folds. Patient recovers. *Doubtful.*

Case III. Treatment, *scarification*; twelve leeches externally over the larynx; $\frac{1}{4}$ of a grain of tartar emetic every two hours; blister to the nape of the neck. Dyspnoea increased. Twelve leeches over larynx; cathartic, and poultice to throat. Patient better. Tartar emetic at longer intervals. Improving. Oxymel of squills; emplastr. saponis to throat. Still improving. Camphorated mercurial ointment to be rubbed on throat, covered with oiled silk. Epiglottis natural. Patient recovers. *Very doubtful.* (Not the recovery, but the case, as to the specific treatment.)

Case IV. *Scarification.* Eight leeches, followed by poultices; $\frac{1}{4}$ grain tartar-emetic every two hours; Bell's gargle; solution of nitrate of silver, \mathfrak{D} ij to \mathfrak{z} i, applied daily, for three days, to fauces. Cured. *Exceedingly doubtful.*

Case V. *Scarification.* Leeches, and tobacco poultice; ten grains of calomel; cathartic. Relief from scarification immediate and complete. *Doubtful.*

Case VI. Turpentine epithem had been applied. *Scarification.* Patient relieved. *Very good.*

Now, we think that a careful and candid judgment, founded on the issue of these twelve cases, would express this much for the proposal to scarify the tumified parts. That it is a ready and efficient,—we will go a

step further, and say,—a very scientific and surgical mode of relieving the urgency of the impending distress and danger from œdema, from whatever cause arising; but that it is a new treatment,—that it is all-sufficient,—and that it is superior to all other modes, we unhesitatingly deny. We now proceed to show upon what grounds we rest, in expressing so unqualified an opinion in contradiction to the “convictions” of Dr. Buck.

In the opening of his second paper, the author, still claiming an originality of conception on his part of the practicability and utility of this operation, admits that it had been previously proposed and carried into effect by M. Lisfranc. It is quite possible that two men of equal intelligence, directing their thoughts to the same point of investigation and reflection, may each, unknown to the other, arrive at the same conclusion, by reasoning from the same premises. Nay, instances are not altogether wanting, in which the ideas then formed have been clothed in nearly identical language. Such coincidences are, however, rare, and fully to establish their coincidental character, they ought to be coëval in their promulgation. It is, therefore, somewhat unfortunate that Dr. Buck had not seen this proposition of M. Lisfranc, which was made, put into practice, and the results published, twenty-four years previously. He seems also to have forgotten, when making this acknowledgment in his *second* paper, that he had already done as much in a note appended to the first which he published; at least, he makes no allusion to this fact, although he reviews the contents of that publication. This supposition of obliviousness would seem to be strengthened by the circumstance, that the source of his authority is differently stated. In the *note* he quotes from Valliex's *Guide du Médecin Practicien*, published in Paris in 1842; in the *second* paper he quotes M. Lisfranc himself, from the *Journ. Gén. de Médecine*, published in 1823.

Nor is it less singular, that, in preparing his first article for the consideration of the learned scientific body to whom it was submitted, so comparatively old a statement by so celebrated a surgeon should have escaped his attention; more especially as he seems to have hunted up the literature of the subject industriously, for we find in a previous part of the *text* of this article, allusion made to a proposition of M. Lisfranc to make punctures of the swellings in œdema of the glottis. Now, it is very clear to us, that this is evidently the same operation for which he gives that surgeon credit in the *note* to the first and in the *text* of the second article; for we discover the authority referred to in the *text* of both articles to be the same, *Dict. de Med. et de Chir. Practique*, tome ii. p. 41, and in both places Mr. Ryland is quoted as saying, “I doubt whether this little operation has ever been performed.”

Furthermore, in a preceding sentence in the *text* of the first paper,

notice is taken of Dr. Marshall Hall having, in 1821, two years before M. Lisfranc, thus written: "But I now regret that I did not propose the scarification of the epiglottis and glottis, so as to evacuate the blisters."!! So much for the originality of those "convictions" and "the new method of treatment."

We will pass to the next point, the reliability and sufficiency of this mode of treatment.

In opposition to the opinion of several illustrious writers, we venture to question whether cedema of the glottis ever occurs as an idiopathic disease. We regard it as a secondary affection, a consequential result, or a symptomatic condition. Thus, we see it connected with disease or lesion of the contiguous tissues; existing in inflammation of the laryngeal apparatus (and this we believe to be more generally erysipeloid in its character than is stated by most writers); or occurring as the result of general constitutional disturbance, particularly in those diseases evincing a hydropic tendency. Be this view correct or not, however, it will not be denied that the great objects to be attained in the adoption of therapeutic means, are the restoration of the lost balance between the absorptive and secretive functions, the removal of the effused fluid being incidental, and the resolution of the primary or producing cause. Shall it be said that these several results are to be, or can be, attained by scarification alone? The chief, the important, the *only* use of the scarification is to effect the more speedy evacuation of the effused fluid, *when its presence interferes materially with respiration*. And on this rests the whole merit of the suggestion, or its practical application, contained in the papers under consideration. But that this is not all which is required, is clearly demonstrated by the cases reported, in which the medicines administered and other means employed were material, and which we regard, every assertion to the contrary notwithstanding, as having been "efficient auxiliary treatment."

In only one of the cases, the last of the twelve reported, can it be said that the cure depended entirely on the scarification; and in this case the symptoms do not appear to have been sufficiently urgent to warrant the proceeding, without, in the first instance, employing other active means, such as proved so successful in the other instances.

We will now discuss the last point of our objection, namely, that scarifications are not superior to all other modes of treatment: let us venture a little more and say, that they are inferior to another mode of topical treatment; and that, in many instances, they are likely to prove not only ineffectual, but positively injurious. And these propositions we shall attempt to demonstrate, in a great measure, from the reports here given.

The preference now implied by us, is for the application of nitrate of silver in strong solution. Happily for mankind, the advantage of this mode

of treatment in many of the affections of the respiratory organs, as first prominently pointed out, and certainly first substantially put into practice, by Dr. Horace Green, has received the approbation of the civilized world, lay as well as medical. It is a method of practice with which Dr. Buck and his colleagues were evidently familiar, for they gave it a partial trial in one case, and a very fair trial in another. In the latter, it will be, perhaps, considered a species of bigotry on our part, to say that the cure depended very much upon this powerful "auxiliary treatment;" and yet such are our "convictions." In the former, we contend that unnecessary alarm was created by the suffocative respirations, and that, had time been allowed, the patient would have rallied from these, without the necessity of tracheotomy, and possibly with a decidedly improved condition of the parts implicated. The spasmodic respiration produced, *in some instances*, by the application of caustic solution to the surface of the laryngeal membrane, soon passes off; and, although exceedingly distressing *to the auditor*, does not produce a proportionate degree of suffering to the patient, and is unattended with danger. Those who have employed this remedy in pharyngeal and laryngeal oedema and congestion, must have been forcibly struck with the beneficial effects produced by it, not only its direct and immediate astringent action, but its ultimate curative influence.

The inefficacy of scarifications was well established in cases III, IV, V, of the first report. We pass over the consideration of three others, in which the advantage derived from them appears at least questionable.

Let us now consider why scarifications would appear to be objectionable, and sometimes injurious. In case III. 1st report, the patient is reported to have been decidedly worse after the scarifications. It appears to us to be objectionable to disturb the integrity of the distended membrane; for we can easily conceive that after the evacuation of the fluid contained, its place might be replaced by air, forced in under the loose membrane, partly by atmospheric pressure, partly by the effort of strong expiration or coughing, which is exceedingly likely to follow the operation, and hence would arise an emphysematous condition, offering as great a mechanical hindrance to respiration as the oedema. Nor is this result altogether hypothetical: it has been observed to take place, and to present an evil quite as formidable, and by no means as remediable, either by caustic solution, the knife, or medicine. Again, it is highly probable that after free scarifications of the membrane, which has been raised from the subjacent structures by the effused fluid, and put upon the stretch, a fringe or valvular condition of the free edges would exist for a time, which would offer so many obstructing points to free respiration.

It is fair, also, to object that although the scarification relieves the oedematous distention at the moment, it does not promote absorption or arrest

undue secretion—as shewn by the necessity of its repetition—other remedial measures being required for this; an advantage which caustic solution eminently possesses.

While we will not deny to the knife, then, the power of immediately releasing the contained fluid, and relieving the urgency of the threatening danger, a point undoubtedly of great importance, we cannot admit it to possess such decided advantage in the *cure* of oedematous affections of the glottis and epiglottis as Dr. Buck claims for it.

In his last report on “Morbid Growths within the Larynx,” Dr. Buck has presented the profession with a very valuable statistical table of forty-two cases collated from various sources, exhibiting at a glance the particular features of each case. But we confess that, in the narrative of the case on which his report is founded, we find some singularly anomalous statements, which impair much of its value as a scientific clinical record. After recapitulating the several argumenta diagnostica employed to establish a satisfactory diagnosis, and thus excluding nervous spasm, oedema glottidis, membranous laryngitis, ulceration and thickening of the mucous membrane, or abscess around the cricoid cartilage, post-pharyngeal abscess, he concludes that “the limits were narrowed down to one other condition, and only one capable of producing obstruction; namely, the existence of a morbid growth within the larynx.” Some reservation, however, was made in favor of aneurism pressing upon the trachea. This idea was at length abolished in favor of the morbid growth. An operation was proposed and performed, being several times repeated, the details of which make up the bulk of the paper. To these we now devote our attention.

“The neck was short and fleshy, the notch of the thyroid cartilage could only be obscurely distinguished by the touch.” An incision lays bare the cartilages of the larynx, and the three upper rings of the trachea. The thyroid and cricoid cartilages and the exposed tracheal rings are incised (divided?), the sides of the larynx stretched apart, and the cavity exposed. Two or three granules, half the size of grains of rice, hung pendulous from thread-like stalks. The remainder of the tumor was attached by a broad base, partly concealing the ventricle, and extending higher up on the wall of the laryngeal cavity. The entire extent of the growth could not be traced, owing to the deep situation of the larynx. Several portions of the tumor were snipped away; on cutting them, their substance appeared to be of a firm consistence, not unlike condylomata. The next day a second attempt was made to remove portions of the tumor. This was abandoned; and an application of the acid nitrate of mercury was made to the rest of the tumor. The further application of the caustic was abandoned, in consequence of the necessity of disturbing the parts already highly inflamed. A further incision was contemplated; but, on consultation, abandoned in consequence of

the condition of the parts. The tube was left out—the patient slept—the tube was replaced. “Swallowing had now become quite impracticable, owing to extreme soreness of the throat, *and when attempted everything was rejected through the wound and tube*!” How did this occur? Did the food pass through the glottis into the larynx, and thence outwards? or had there been an accidental communication made between the trachea and the œsophagus, thus affording a channel of exit? *Nous verrons*. After this the power of deglutition returned; the wound healed, and for a season the patient was able to whisper a conversation with her family, wearing all the time a tracheal tube. These operations were performed on the 3d and 4th of May.

On the 20th of September, at the patient's request, the third operation—called the second, in the report—was undertaken. Dr. Buck had previously satisfied himself, by experiment on the cadaver, that it was possible to extend the incision upwards to the os hyoides, and split the base of the epiglottis to the extent of half an inch! accordingly, this incision was made, and it was also extended for an inch below the opening for the tube, which, it will be remembered, involved the first three rings of the trachea. Two or three pedunculated portions, as large as rice-grains, were readily torn away with the forceps. The principal mass, however, was found of a flattened form *and closely attached to either side of the ventricles*, spreading forwards over the base of the epiglottis. *Their extent could better be appreciated by the touch than the sight*. The passage of the rima glottidis was so much contracted by them, that the end of the little finger could only be made to enter it, from below upwards, *by considerable pressure*! It is questionable, we think, whether this feat can be accomplished, even in the cadaver, with a healthy condition of the parts, without *considerable pressure*. *For the first time*, at this stage of the proceedings, on passing the finger through the mouth over the epiglottis, the tumors could be distinctly felt at the orifice of the larynx. The extent of the disease was found to be so formidable, that notwithstanding the bold attempt and extensive incisions made, the painful conclusion was forced upon the operator that its entire removal with the knife was impossible. The clawed forceps, notwithstanding, grasps all that could be got at, which is pared away with the bistoury, until at last the *rima glottidis was thus enlarged* sufficiently to allow the finger to pass without resistance! What, we venture to ask, became of the vocal chords, the chief natural source of impediment to communication between the pharynx and the trachea? A short time only is said to have elapsed after the healing of the wound before unequivocal signs of the *recurrence* of the disease manifested themselves. Can a disease be said to recur which has never been removed? It may increase in extent and become more malignant in character, but it is still present. After this

we have a sad state commencing; the dyspnoea is easily excited by exercise or emotion; the tumor more readily felt by the finger passed into the mouth; increased difficulty in replacing the tube after its removal; considerable hæmorrhage is caused by changing the tube; she could still whisper. The tumor not only encroached, by its growth, upon the tube; but this gradually worked its way up, in consequence of the chin being drawn down by the contraction of the extensive cicatrix. It was now proposed to make another opening in the trachea as low down as possible, which was accomplished on the 7th of January, 1852. The contraction of the parts rendered it necessary to dissect up the closely-adherent skin and condensed cellular tissue. After these preliminary dissections the trachea is entered, *more than half an inch* from the old opening. The wounds again heal; but, as the cicatrix contracts, the same tendency of the tube to work upwards exists; difficulty of changing the tube renewed; difficulty of swallowing steadily increases; fluids alone can be taken. In the month of March she discharged from her throat a hard substance of a dark color, of the form of an eye-tooth—and the patient so regarded it. From her description, Dr. Buck regarded it as one of the arytenoid cartilages, in a state of necrosis. It had probably come from the right side of her throat. There was now, for weeks, a daily discharge of bloody fluid from the throat, as well as from the tube, which became fetid, of a gangrenous odor; and portions of a tough, fleshy substance were also brought up from the throat. Finally, on the 4th of August, the lady died.

Now, it is somewhat remarkable, and very unfortunate for a just estimate of the treatment, that throughout the whole graphic details of these several cuttings, not one word occurs to lead to the supposition that any coadjutive remedies were employed; not one single dose of medicine calculated to promote the arrest or removal of the diseased structure is reported as having been administered. The knife, the knife alone, was to have accomplished all; and after laying the laryngo-tracheal tube open from the base of the epiglottis to within a short distance of the bifurcation of the bronchi, the patient, who is reported to have borne the several operations with magnanimous fortitude, dies. And what does the dissection reveal? On opening the *œsophagus* posteriorly, the morbid growth was found to have spread over the orifice of the larynx down upon the anterior wall of the pharynx, as far as the lower edge of the cricoid cartilage, and presented a moderately elevated, flattened tumor. It appeared to be deposited in the submucous cellular tissue, in small, agglomerated globules. On opening the larynx and trachea posteriorly, the entire cavity was found to be invaded by gangren, *which had destroyed the morbid growths* covering it, and exposed the cartilaginous walls in a state of necrosis. The whole vocal apparatus was destroyed. "The rings of the trachea, from the first downwards, were

entire, and retained no trace whatever of the openings that had been made for the tube (this is remarkable, certainly, when taken in connection with the fact that, in the first operation, a portion of the two upper rings of the trachea was removed on either side, in order to lodge the trachea tube; and in the third operation, a semicircular piece was seized and excised); *the tube having worked its way gradually upwards from the trachea back to the larynx!*" How marvellously active the reparative powers of nature must have been! The reproduction of the portions of cartilage removed by the knife, and the absorption and reproduction of the rings, permitting the passage upwards of the tracheal tube, going on coincidentally with a gangrenous condition of the upper portions of the canal, is somewhat of a pathological paradox. How singularly unfortunate, that some direction could not have been given to this great vis naturæ with the view of removing the offending mass!

All the notice given to other medicamentary measures, is the brief introductory statement of the circumstance that the application of a strong solution of nitrate of silver had been made to the larynx, irritants externally to the front of the neck, in conjunction with other treatment, *without benefit*. We find nothing said in the postmortem report, of a communication between the œsophagus and trachea, and therefore conclude that, in being expelled from the wound and the tube, the food must have made the circuitous route through the laryngeal opening to the trachea, a circumstance which occurred frequently.

The microscopic examination declared the structure to be non-malignant, *per se*, and to belong to that class of morbid growths known as epithelial. The recurrence of the gangrene is regarded by the author as a unique feature in respect to the larynx. We are unwilling to follow the author through his classification and division of these affections of the larynx, and his criticisms upon Dr. Green's mode of treatment, as we have already occupied a large space by the analysis of his case. We must content ourselves with asserting that, presuming the diagnosis, in the first instance, to have been correct, and admitting that the insertion of a tracheal tube was most useful in permitting a freer performance of the function of respiration, we do not consider that the repeated operations were justifiable after the first had revealed the true nature of the case; that the gangrene may be accounted for by the clipping and paring away in order to permit, and the effort made to pass, the finger upwards, either with or without considerable pressure; and that the total absence of all constitutional treatment showed an unwarrantable reliance upon operative interference alone. The case is, indeed, not without "extraordinary interest and importance;" and we feel convinced that "the experience afforded by it, in its whole progress," will furnish such "useful suggestions for the guidance of the practical surgeon," that no one

will ever again attempt a similar course of proceeding, or neglect the multiplied means afforded by the Pharmacopœia to aid such powerful efforts of nature in so good a constitution.

The last of the papers which precede the prize essays, is "On the Sympathetic Nerve in Reflex Phenomena," and is by H. F. Campbell, of Georgia. This occupies not quite five pages, and is an assertion that M. Cl. Bernard is not the first who has carried the phenomena of reflex action beyond the cerebro-spinal nerves to those of the great sympathetic. The following sentence gives the gist of the whole paper :

"As we have before indicated in this report, we do not feel authorized to lay full claim to the above theory without further investigation of the subject; but with all due courtesy to that highly distinguished gentleman, we can say that we feel assured that these views are not original with M. Bernard, unless he entertained them previous to June, 1850."

The question is simply one of *priority*, not of *originality*, for we submit that M. Bernard's views may be entirely *original*, even if they were not entertained "previous to June, 1850." He may have been preceded by Dr. Campbell; and still he may not have known it, and may have passed through all the processes of reasoning necessary to an original observer. We consider this paper a *fair* one for a medical journal, but to be entirely out of place in these Transactions. If Dr. Campbell is prepared to claim and to prove his priority in this doctrine, no one can be more ready than ourselves to rejoice in this—*triumph* shall we say—of an American; but till then it seems hardly worth while to deny originality to M. Bernard.

We thus close what we have to say of the different papers contained in this volume. Not that more might not have been profitably said, but that we have occupied more space than we intended, perhaps more than our readers have altogether approved of. We have objected to the matter and manner of several of the papers contained in it, and have not feared to express our opinions fully and freely. No man, we suppose, allows any production of his pen to appear in print, especially after having presented it to a learned society, without being himself prepared to meet its statements, to abide by his doctrines, or to be judged by those rules of criticism which are everywhere established. As we have before intimated, some of the papers in the Transactions become of importance, not from their intrinsic merits, but from their being placed in this volume. Others are important, not from the originality or excellence of their doctrines, but from the name of the author; and their teachings become dangerous from the same reason. Comparatively few of these papers are such as ought to emanate from a *national* association, if it would do the most credit to the country. This is no new defect in these publications; and in order to show it, we

have in one instance gone "behind the record," and included in our observations cases which have been previously published.

With all this, we desire distinctly to assert that we are no enemies to the Association; on the contrary, we are among its best friends. True friendship sometimes calls upon one to say things not perfectly pleasant to hear, but they are not on that account less important or less profitable. We wish the Association to be, as it ought, an honor to our country and a firm pillar of science; but we feel free to confess that if its present system continues, it will become a reproach instead of an honor, an offence instead of a benefit; and a means of personal or party aggrandizement, instead of a means of elevating our national profession. It is without fear of contradiction that we assert, that papers every whit as good as these reports, perhaps with one or two exceptions, are constantly published in the various medical journals of our country. All of their authors would, doubtless, be glad of the *prestige* of publication by this Association, and all have an equal right to it. Preference ought not to be given to one over another, simply on the ground of favoritism, or because an author has boldness enough to present it to the Association. Merit should be sought out and encouraged; and if such papers as are contained in this volume are worthy of a place in these "Transactions," then let the other equally deserving authors be found out, and their papers also drawn from their modest concealment. That better papers may be obtained we are very confident, and believe that the results of offering prizes for valuable communications has shown this to be true. Whether or not this is the best mode to draw them out, is not for us to decide. The material is, we believe, abundant in the minds of American authors; and it is the especial duty of this Association to afford an opportunity for its manifestation.

The sessions of this body, pleasant as they may be as occasions of *réunion*, professional and personal, are fearfully meagre in that which interests a scientific man, earnest in the pursuit of professional knowledge. The method adopted by the American Scientific Association is far more adapted to produce interesting discussions; and all know that it is frequently in these debates that those sparks of truth are struck out, which not only scintillate, but which kindle huge fires. The vexed questions of parliamentary usage which are constantly recurring in societies whose members are perpetually changing, would by this method be in large measure excluded; while every one could, according to his inclination, pass from a surgical paper or discussion to one on obstetrics, or upon the more general practice of medicine. However, we can now only allude to this thing.

It is true, neither this nor any other body can ever be perfect, and this we do not expect. But it is also true, in our opinion, that we have a right to look for better things from this Association; and therefore we have spoken

plainly and candidly. Honeyed and pleasant words have been too common for us to suppose that we may not be met with something of the airs of a petted child. But we have spoken the truth, felt, not by ourselves alone, but by many in the profession. We have done our duty; let others do theirs.



PART III.—CHRONICLE OF MEDICAL PROGRESS.

[The abstracts and translations found under this title are made expressly for the AMERICAN MEDICAL MONTHLY.]

ANATOMY.

On the distribution of the Bloodvessels in the Lungs. By JAS. NEWTON HEALE, M. D.

The author's investigations have led to some very interesting results, of which the following is a summary :

1. The *pulmonary artery* makes no anastomoses whatever with any other artery, nor do its own branches anastomose together. Its branches go direct to the air-cells, and are there distributed, and terminate as arteries [*i. e.*, in capillaries]. None of its branches go to any other tissues of the lungs besides the air-cells, except some few which perforate the subpleural cellular [areolar] tissues, and are distributed to the pleura; some of these also cross the posterior mediastinum, beneath the pleura, and reach the thoracic pleura.

2. But the capillaries thus distributed to the air-cells, are *extended* in a peculiar and very characteristic manner, from the cells to the bronchial mucous membrane; this peculiar vascular plexus being traceable even as high as the trachea, and finally merging in minute venous radicles, which combine to form the pulmonary veins. No branches whatever of the pulmonary artery are distributed to the bronchial membrane, without previously becoming capillary upon and among the air-cells; and no arterial blood is obtained by this membrane from any other source.

3. The *bronchial* (so called) arteries have their own special distribution. They do *not* supply any portion of the bronchial mucous membrane; and do *not* at all communicate with either the pulmonary arteries or veins, except as supplying their cellular sheaths, and therefore, in all probability, furnishing their *vasa vasorum*.

4. The bronchial arteries (injected by filling the *aorta*) terminate in veins, ramifying in the subpleural cellular tissue; and which mostly, after extending on the surface of the lung beneath the pleura, pass between the

two layers of pleura forming the ligamentum pulmonis, and finally terminate in the œsophageal and other veins in the posterior mediastinum. Some of them, also, probably terminate in the azygos veins, the jugulars, the diaphragmatic, and the venæ cavæ; in short, wherever they can meet a systemic vein conveniently situated. But these veins form no communication with the pulmonary veins, either in their capillaries or their larger trunks.

5. The *pulmonary veins* return *all* the blood carried to the lungs by the pulmonary arteries. They are, therefore, formed from two distinct sets of venous radicles—the first collecting the blood from the perimeters of the air-cells (*i. e.*, the part of the cells farthest from the bronchial tube connected with them), and from the surface of the lungs and the interlobular spaces; and the second, commencing from the basis of the air-cells, and from the vascular plexus of the bronchial membrane, before described. The larger branches formed by the junction of these two sets, at length accompany the larger bronchi and the pulmonary arteries, and finally terminate in the left auricle of the heart. The blood from the plexus of the bronchial membrane must be different in character from that derived from the air-cells directly, since the epithelium and the bronchial mucus have been derived from it after leaving the air-cells [while the latter is pure and perfectly aerated blood].

6. It is possible to completely inject the pulmonary artery and veins, without at all injecting the bronchial artery or veins. It is also possible thoroughly to inject the latter without at all injecting the former; and in the latter case, the bronchial membrane will remain wholly uninjected, however perfectly the so-called *bronchial* vessels may have been filled.

7. By injecting the lung through the pulmonary veins, the bronchial membrane becomes thoroughly injected, even before the air-cells are so. But when the pulmonary artery alone is injected, the air-cells become injected long before the liquid reaches the bronchial membrane. In neither of these cases, however, are the so-called *bronchial* arteries, or the veins corresponding to them, in the slightest degree injected.

8. The coats of the lymphatic vessels of the lung are also supplied by the capillaries directly distributed to the air-cells, and terminating in the pulmonary veins; and the vascular plexus upon them strongly resembles that upon the bronchial mucous membrane.—*Annals of Science*.

PHYSIOLOGY AND GENERAL PATHOLOGY.

Tuberculosis of the Mesenteric Glands, and Intestinal Worms. By Dr. LEDERER, Assistant at the Clinique for Children, in Vienna.

He who is in a position to be frequently consulted for chronic diseases, as is the case in a hospital for children, must be truly astonished at the important part which the co-called disease of the mesenteric glands and worms are still made to play; and it appears difficult to decide whether these two hobgoblins were first introduced into the nursery by the public, or by the older physicians, who had very little opportunity of seeing their diagnosis confirmed or contradicted upon the corpses of children. But when we consider the numerous absurd expressions which many physicians still use

as a cloak for their imperfect pædo-diagnostics; when, besides, we yet find in recent manuals a *febris meseraica*, and *scrofula meseraica*, with their symptoms, so exactly described, and a particular pathogenesis ascribed to each species of the intestinal worms, we must confess, with sorrow, that this error originally passed from physicians to the public, and now returns by the same path; as the laity torment us with the idea of mesenteric glands and worms at every enlargement of the infantile abdomen.

In children, a certain fulness and rotundity of the abdomen is physiological; and retraction of the abdomen belongs, especially in cerebral disease, to the unpleasant symptoms. I have observed its morbid enlargement;—

1. *In consequence of hypertrophy of the liver and spleen*, which, indeed, are often observable in the first moments of life, mostly in rachitic children. This hypertrophy very rarely occurs after intermittent fever, because the latter is seldom observed here in early life.

2. From *peritonitis*, mostly of a tubercular nature, which frequently occurs in children more advanced in years.

The abdomen is usually tense, percussion gives everywhere a dull sound; a physical exploration of the thorax and digestive organs gives suspicion of tuberculosis; the child frequently complains of pain in the abdomen, which is very sensitive to the touch; periodical febrile paroxysms occur, and, after a length of time, generally also exhausting diarrhoea.

Error is not common;—

3. In the *different varieties of ascites*; in consequence of impoverishment of the blood or dyscrasia, as after typhus; in scrofulosis or tuberculosis, after scarlatina and small-pox; in diseases of the heart, liver, spleen, and kidneys, in which external oedema also generally exists: and fluctuation, percussion, and the course of the disease, remove all doubt.

Mistake appears incredible;—

4. In distension of the abdomen from gas, which is the case in young children in consequence of the use of unwholesome broths, or from atony of the intestines, the result of chronic diarrhoea; since the strong tympanitic percussion-sound immediately explains it. I say this mistake is incredible; but it is made.

5. Cancerous tumors in the abdomen cannot easily deceive, since they very seldom occur in children, and when this is the case, this disease generally shows itself externally. In four years I only saw two cases of cancer in children, both in boys 4 years of age, whose parents were perfectly healthy; in one was a medullary cancer of the right eye; in the other, the left kidney had degenerated into a heavy mass weighing 2½ pounds.

The diagnosis of these two diseases (worms, and tuberculosis of the mesenteric glands) is uncertain, at least from the complexity of symptoms hitherto designated, since this may belong to the most different diseases. When we find in the body of a child, besides a serous exudation, a plastic tuberculous deposit, tuberculosis of all the abdominal and thoracic organs, a cavity of the size of the fist in the brain (the latter I have already several times seen in very young children), who will wish to attribute all the phenomena during life to the simultaneously enlarged and tuberculated mesenteric glands, when they were neither the only nor the original cause of the symptoms?

I have often convinced myself, by autopsy, that the bronchial glands may be alone tuberculated with complete absence of tuberculosis in the other organs, but have found no case in which this was true of the mesenteric glands; on the other hand, I have often seen a high degree of general tuberculosis while these glands were wholly exempt.

In the year 1851, a child, 4 months old, was brought to the hospital, moribund. The mother was tuberculous, one of the sisters scrofulous; the child had drooped, coughed, had febrile paroxysms, was emaciated, respiratory murmur feeble, the abdomen large and soft. All together gave the idea of tuberculosis of the lungs, with a suspicion of the same process in the mesenteric glands. The day after, the child died, and the post-mortem verified both. A short time ago, a child of 4 months was brought to the hospital for examination. It had already suffered three weeks from a gastro-intestinal catarrh, and was very much reduced. It had been treated for mesenteric disease with cod-liver oil, baths of a decoction of walnut leaves, and inunction of different salves upon the abdomen. As children, in the matter of taking medicine, are generally devoted to the standard of homeopathy, so this one constantly left a part of the oil, vomited up a part, and only a small portion reached the stomach. Whether this operated favorably on the diseased gastro-intestinal canal, the reader may decide. The somewhat distended, soft abdomen, was certainly no sure sign of tuberculosis of the mesenteric glands.

The diagnosis of intestinal worms, in recent times, is determined by one certain symptom; namely, the discharge of the same. My observations have taught me that this certainly proves there were as many worms in the alimentary canal as have been discharged, but by no means justifies the use of the so-called vermifuges, except for the expulsion of the joints of the tape-worm; I am much inclined to believe that their discharge rather proves the existence merely of isolated enthelminths, since the intertwining of the convolutes, as I have seen them in the corpse, serves to retain them. I have seen, in the most different acute and chronic diseases, single round worms discharged by vomiting or stool, perhaps through the withdrawal of nourishment generally, or perhaps of that directly suited to these parasites, through means which occasionally expel them, or through an altered property of their medium, while no pathological alteration of the intestinal canal could be found, on postmortem examination. On the other hand, I have observed some cases where there were convolutes of ascarides in the intestinal canal with pathological alteration of the latter; and yet, neither by their expulsion or other signs could any suspicion of worms have existed.—*Med. Wochenschrift, Jan. 14th, 1854.*

Aneurism of the Aorta with Pneumo-thorax. By FRERICKS, of Breslau.

Among the diseases of the vascular system was a case of peculiar interest, that of an aneurism of the arch of the aorta, which had given rise to pneumo-thorax; a cause of pneumo-thorax, which, so far as my knowledge extends, had not hitherto been observed. This case presented great difficulty of diagnosis; and from whatever view I considered it, I remained in doubt till the autopsy set me right.

Anselm Rademann, a mason, 30 years old, was received in the hospital 5th May, 1853. For some weeks he had frequently coughed after talking

but was otherwise well and in his full strength, so that he pursued his labor uninterruptedly. No emaciation.

Early upon the 5th of May, without preceding illness, the patient suddenly threw up a considerable quantity of blood; the sputa continued bloody, and slight febrile excitations became observable.

An exact inspection of the thoracic organs gave the following result:

The left half of the thorax, which was a little sensitive to percussion, exhibited in the lower fourth a great dulness, which underwent no variation from change of position. From the horizontal border of the dulness to the very summit of the lung, the percussion sound was very full and deep over the whole left side, and the right half of the thorax presented nothing abnormal. Upon auscultating that portion where the dulness existed, no respiratory murmur could be heard; and above, as far as the unusually full percussion tone extended, nothing could be heard. Upon the right side a distinct and pure vesicular respiration was everywhere perceptible. The heart was in the normal position; its tones were clear, the rhythm of contraction undisturbed.

The patient made no complaint; he walked about, had a good appetite, and was only anxious in reference to his bloody expectoration. Our careful examination of his condition appeared to him enigmatical; he thought in a few days he should leave the hospital and return to his labor.

The question to be solved was, through what alteration in the thorax are these unusual results produced? The idea of a pneumo-thorax, favored by the full tympanitic percussion tone and the complete absence of every respiratory murmur, must appear doubtful; because there existed no metallic phenomena, no expansion of the intercostal spaces, no enlargement of the left half of the thorax, no obliquity of the stomach, and no dyspnoea. We therefore took into consideration the other possibilities which could explain these phenomena—as a plugging-up of the left bronchus, emphysema of the left lung, &c.; but each of these must again be abandoned, because rejected by sufficient reasons. It was only to be determined, therefore, whether the want of many of the symptoms usually accompanying pneumo-thorax—as dyspnoea, the metallic phenomena, the displacement of neighboring parts, &c.—could be explained in any other manner. Such an explanation presented itself to us, in the supposition of somewhat elongated ligamentous adhesions of the left lung.

We therefore fixed the diagnosis upon pneumo-thorax, with effusion into the left cavity of the thorax, and partial adhesions of the left lung. I observed beforehand, that the dislocation of the heart might become perceptible in a short time. Upon the very next day the heart was crowded to the right, and downwards, the displacement evidently produced by air, and not by fluid; since to the left, near the dislocated heart, was a full tympanitic percussion sound.

A second question was now to be solved; namely: what cause had induced the pneumo-thorax? Here, also, must numerous possibilities be considered, but no one was sufficiently certain. The right lung, which was alone accessible to examination, presented not the slightest abnormality, though ever so carefully explored. The idea of tuberculosis was the most probable; because it most frequently gives rise to pneumo-thorax, and because the hæmoptysis still further favored it. It was not to be concealed, however, that there was no sufficient ground for this opinion.

The patient took an infusion of digitalis, from which he found much relief, and urged his speedy discharge. The effusion in the left thoracic cavity increased; the other phenomena remained unchanged. Upon the 13th, at evening, the patient became suddenly restless, walked up and down his room in distress, was quickly attacked with an alarming hæmorrhage, which produced death in a few minutes.

A postmortem presented the following results: Calvarium, normal; a half-ounce of serum in the occipital fossa; nothing abnormal in the appearance of the brain or its membranes; larynx, trachea, bronchia, contain a bloody froth, otherwise normal; thyroid gland, healthy.

By puncturing the fourth intercostal space of the left side, air issues from the cavity of the pleura with a hissing noise; the diaphragm on this side is depressed strongly convex towards the abdominal cavity. After removing the sternum the greatest part of the left thoracic cavity is seen filled partly with fluid, partly with coagulated blood; the anterior part of the upper lobe of the lung projects over the space occupied by these substances. After removing the blood, which amounted to over five pounds, the lung is found attached in several places to the costal wall by ligamentous adhesions, through which were formed several vaulted, hollow spaces, filled with blood and air. Upon the pulmonary pleura no point of perforation is at first perceptible. The adhesions were carefully divided, and all the thoracic organs taken out together. Upon inflation, some air issued at several points of the upper lobe, yet the fissures are scarcely perceptible. The parenchyma of the upper lobe, with the exception of the anterior border, shows recent sanguineous infiltration, like a saturated sponge, very lacerable—the lower lobe compressed, its bronchia filled with coagulated blood. The right lung partially suffused with extravasated blood, otherwise normal.

In the pericardium some clear serum; the valves of the heart normal, the cavities void of blood. The ascending aorta shows slight atheromatous degeneration; at the arch is a constriction, and behind this a sac lying forwards and to the left, of the size of the fist, which is bounded everywhere exteriorly by the interior surface of the superior lobe of the left lung, its inner surface being covered with smooth, laminated coagula. In the proximity of the ascending aorta the arterial coats of the aneurysmatic sac may be distinguished entire; farther on they become imperceptible; and at several points the parenchyma of the lung is reached immediately after the removal of the membranoid fibrinous layers. At one point near such a breach is found a bronchus with thin walls, rent, and in communication with the aneurysmatic sac; the bronchus runs a distance near the aneurysm, and is here only separated from it by a thin, lax layer of fibrine, not by a firm membrane. A rent of the sac exteriorly, or other communication of a blood-vessel with the pleural cavity, does not exist. We must admit that the blood passed from the aorta into the pulmonary parenchyma, and from thence through the laceration of the pleura into the cavity of the thorax. On the other hand, the air must have entered the thoracic cavity through the torn lung-parenchyma.

No important alterations in the abdominal viscera.—*Med. Wochenschrift (Vienna), Jan. 7, 1854.*

CHEMISTRY, TOXICOLOGY, AND MEDICAL JURISPRUDENCE.

The case of Seward vs. Housley.—We have frequently been compelled to deplore the culpable laxity which prevails in our courts of law, whenever an arrant quack or impostor is prosecuted for manslaughter. The verdict is almost invariably given in favor of the accused, and this is usually done under the direction of the presiding judge, and with the concurrence of the bar. An ignorant bone-setter undertakes to set a broken limb, and the patient is lamed for life; an uneducated midwife tears out the bowels of a parturient woman, supposing the intestine to be the placenta; a patient is purged to death by the drastic drugs of one scoundrel, or allowed to die under the homœopathic globules of another; and scores of victims are hurried to their last account by enormous doses of lobelia and cayenne pepper. It is true, that in some of these cases the offenders are made to appear at the bar of justice; but the result in all is precisely the same, namely, a triumphant acquittal, and the accused parties become martyrs in the eye of the public.

But let us reverse the picture. A gentleman who has been regularly educated for the profession, who has passed the necessary examinations, and who has been in actual practice for seventeen years, unfortunately meets with an unsuccessful case; and forthwith he is made the subject of an action at law; and the judges and the juries who would have at once acquitted the quack, the bone-setter, the midwife, the homœopath, or the lobelia-doctor, exhibit their virtuous indignation against alleged malpraxis, and their zeal for the public welfare, by awarding vindictive damages for the plaintiff.

Such a case as that to which we now most reluctantly allude has lately been tried in one of our courts of law. The plaintiff in the action is an infant, who of course sues by her next friend; and the defendant is Mr. Housley, a most respectable practitioner in this metropolis. It appears that this infant, being nine months old, fell out of bed and injured its leg, and that Mr. Housley, who was the medical attendant of the family, was called in to see it. He ascertained that the thigh was fractured, and he accordingly placed the child upon a pillow. On the day following the accident, he and his assistant set the bone, and bandaged the whole limb from the toes upwards. About the seventh or eighth day afterwards, a blister was observed on the toes of the child, according to the statement of the mother; and when Mr. Housley's attention was drawn to this circumstance, he cut the bandage, remarking that he must remove it if the appearances became worse. On subsequent occasions, the bandage was removed, poultices of linseed-meal and bread were applied, nourishing food was administered, and it was ordered that the limb should be kept warm. Gangrene, however had commenced, and was rapidly proceeding, until at length Mr. Erichsen was called in, who advised and performed amputation of the leg below the knee. For the loss of the limb thus occasioned, the action was brought; and another action was brought at the same time for the expenses to which the father had become liable in the progress of the case. The jury, after a short consultation, gave a verdict for the plaintiff—damages, £200; and in respect of the second action, they awarded £50 to the father. We need not state that the costs would most probably amount to as much more.

Now, as we have no knowledge of the case beyond that which we have

derived from the accounts in the newspapers, we are in no condition to argue upon the pathological questions which may be involved in this very lamentable transaction; and we do not venture, after the direct evidence of Mr. Erichsen, who was called for the prosecution, and the admission of Mr. Arnott, who was called for the defence, to question the fact, that the undue tightness of the bandage was the cause of the mortification, and consequently led to the ultimate loss of the limb. There may, it is true, be some doubt whether the gangrene was not due to arterial disease or injury; but, as we have just observed, we are ignorant of any but the published details of the case. It appears, however, that the infant was a feeble and puny child, and, of course, peculiarly liable to symptoms which a more robust constitution might have enabled it to resist.

But in the treatment of the fracture by Mr. Housley, we can find nothing to censure. He lays the child upon a pillow, and he subsequently sets the fractured limb; he places cotton-wool next the skin; over this he places a bandage, including some chips of a hat-box cut to the length of the thigh; over these he lays gutta percha, so as to obtain a correct model of the limb, and then he secures the whole with a roller. Supposing this to be the correct statement of Mr. Housley's proceedings, and we have no reason whatever to doubt that it is so, what surgeon, we venture to ask, would for a moment doubt the correctness of the treatment? It further appears, that the limb having been thus set, and the bandage, the splints, and the gutta percha, having been thus applied, the child was visited at regular intervals by Mr. Housley; and, as he did not perceive any thing amiss with the limb, he very properly refrained from disturbing the arrangements. As soon, however, as his attention was drawn to the fact, that a livid appearance existed in one of the toes, he cut the bandage up to the knee, ordered the limb to be kept warm, and nutritious food administered. The child was seen every day, and the nourishment was continued, together with port wine and aromatic spirits of ammonia. Notwithstanding this treatment, however, the gangrene extended, and amputation was rendered unavoidable.

Now, admitting as we do, that the mortification was probably caused by the tightness of the bandage, yet may it not be urged, as was done by Mr. Housley, that, without any fault of his, the bandage may have become displaced by the natural restlessness of a child so young, and thus have led, in a feeble constitution, to gangrenous mischief? But, even if we allow the whole weight of culpability to fall upon Mr. Housley, to what does it amount? Why, simply to this: that having, in his zeal for performing his duty efficiently, and for preventing the displacement of the broken ends of the bone, applied a bandage firmly and continuously to the whole limb, this pressure, exercised upon the textures of a feeble and delicate child, gave rise unexpectedly to mortification. Even admitting an error of judgment on the part of Mr. Housley, does it appear, from a tittle of the evidence, that he acted carelessly, roughly, or imprudently? May it not rather be inferred, that the unfortunate circumstances that ensued might have taken place under the hands of any other surgeon, and that they were due rather to the feeble constitution and restlessness of the patient, than to want of skill on the part of the medical attendant?

Let us take the case of a person who is operated upon for cataract: the operation is skilfully performed, but, from the irritability of the patient, or

from the badness of his constitution, inflammatory action is set up in the eye, and vision is destroyed. Would it not be monstrous to make the surgeon responsible for the unsuccessful termination of such a case, and to visit him with overwhelming damages, which not only drain him of his pecuniary resources, but also blight and wither his professional prospects?

Now, let us exhibit an instance in contrast to the persecution of a regularly-qualified member of our profession. In the early part of the last year, a fellow named William Hobson Palmer, described as a *botanist* (?), but who possessed no medical qualification whatever, was charged with the manslaughter of a female, by administering to her enormous doses of lobelia and cayenne pepper. It was proved that the prisoner administered the poison; it was proved that the patient died from its administration; it was proved that the prisoner was wholly ignorant of the science he pretended to practise; and, *therefore*, he was triumphantly acquitted under the direction of the presiding judge.

"Look here upon this picture, and on this." An arrant quack is clearly proved to have caused the death of a fellow-creature, by administering poisonous drugs of which he knew little, for the relief of a malady of which he knew less; but, *because he is ignorant*, he is declared free from all blame, and is again sent forth to practise his baneful arts upon a credulous and deluded public! On the other hand, a well-educated surgeon has a case which, although treated according to approved rules, terminates unfavorably; and, without making any allowances for the feebleness or other circumstances of the patient's constitution, or without making any fair concession for the fallibility of human nature, a British judge and jury pronounce a man guilty of dereliction of duty, and award against him an amount of damages, cruel in themselves, and which involve in their consequences the destruction of his professional practice and the embitterment of his future life!

We trust that Mr. Housley will move for a new trial.—*Medical Times and Gazette*.

MATERIA MEDICA, PHARMACY, AND THERAPEUTICS.

French Therapeutics.—In these days of the printing-press and the steam-engine, when treatises pour forth on all sides, and the journey from London to Paris may be made in six hours, it must be matter of astonishment to any observer how slowly knowledge spreads. Throughout the British Isles there is probably scarcely a single physician of note who does not believe in the curability of pulmonary phthisis,—frequent in its early stages, occasional even in its later. Nor is there, probably, one who does not recognize the grand principle of treatment as consisting in the use of a tonic and restorative system of diet, combined especially with the employment of fish oils and other hydro-carbons. Will it be believed, that within a few days of the present time, before the Academy of Medicine in Paris, an essay has been read by one of the most expert physical diagnosticians in Europe on the treatment of phthisis, entering elaborately into the various branches of the subject, without the slightest mention of cod-liver oil, or of any substitute for it? Further, M. Piorry's paper was freely and fully discussed by the learned body to whom it was read, and it forms the subject

of a four-columned criticism in last week's *Gazette Médicale*; yet the omission in question has been hinted at by none. The renowned physician of La Pitié, who appears all but to despair of cures, has amused himself by measuring in centimetres, from time to time, the area of dulness on his patients' chests, the treatment meanwhile consisting in iodine inhalations, aided, when the case seemed to require it, by tartar emetic (internally administered), bismuth, phosphate of lime, quinine for the hectic, and opium for the cough. He was led, he states, to hope that iodine inhalations might induce healthy processes in tuberculous disorganization of the lungs, from having noticed the effect of injections of that drug in hydrocele and scrofulous abscess of the testis! In the discussion, one of his critics insists much on the value of the fumes of the arseniate of soda; and another on the extreme benefit derivable from the prolonged administration of the tartarized antimony; a third talks of the antagonism between phthisis and goitre, and argues thence that iodine ought not to cure both; while a fourth contents himself in finding fault with M. Piorry's nomenclature. This is not the only startling illustration which we have recently had before us of the utter incompetency of our French brethren in dealing with matters of therapeutics. The last number but two of the *Gazette Médicale* contained a learned and lengthy dissertation, announcing the discovery that venesection is not always required in hæmoptysis! Can nothing be done in these times of French and English fraternization to remedy such disgraceful ignorance on the most important subjects? Might it not be well to raise a subscription, translate Dr. Hughes Bennett's last book, and distribute it gratis to the French faculty? Or, perhaps, the end might be gained if the Brompton Hospital would invite the Académie de Médecine over for a visit. The man who, having witnessed for a week the practice of either of our Metropolitan Institutions for diseases of the chest, could go back and deny to his phthisical patients, by batches of thirty-four at a time, the use of cod-liver oil, and subject them solely to iodine inhalations, would merit for his inhumanity to be dismissed the profession, and discarded from society.—*Medical Times and Gazette*.

PRACTICAL MEDICINE AND MEDICAL PATHOLOGY.

Cerebral Tumors. By Dr. EULENBERG, of Coblenz.

Case I. A butcher, 31 years of age, otherwise perfectly healthy, father of three children, had several tumors under the chin and in the left submaxillary region. These tumors were extirpated in July, 1852. At the end of the same year, two new tumors formed beneath the chin, exactly in the cicatrix, of the size of a hazel nut, which were movable, uneven, and tolerably hard. Several smaller ones were found in the left submaxillary region, upon the left cheek, upon the back, and upon the inner side of the left thigh. The patient consulted a physician on account of an intense pain involving the left half of the head, which extended from before, just above the eye, backward to the neck, and was most endurable in the recumbent posture. He was disposed to maintain a stiff position of the head. It could be moved passively, however, in all directions. Several years ago, a pain commenced in the right arm, which, to the patient, seemed palsied. All

the other functions were normal. After a period of 14 days, the patient could separate his teeth only three-fourths of an inch. His head seemed to become constantly heavier, in consequence of which he was accustomed to lie upon his left side, and in the erect position to support it with the hand. The tumors upon the body grew without becoming painful. The pupils, the appetite, sleep, and the mental functions continued normal. Toward the end of January he lost his appetite; the feeling of weight in the head became more troublesome; drowsiness came on, and constipation, but no fever. In the beginning of February the trismus was so severe that the patient could take only fluids. There was indifference and a want of emotion, but no delirium. His strength was prostrated; there was an almost constant somnolency; the respiration was slow; the pupils were somewhat dilated, and re-acting feebly; and the pulse slow. During the last three days, obstinate constipation and involuntary discharge of urine occurred. Twenty-four hours before death, palsy of the right side came on, with total loss of consciousness, and spasms of the right half of the face. Death took place on the 21st of February.

Autopsy. The dura and pia mater were much congested, and the arachnoid was somewhat opaque. In the anterior left lobe of the brain, in the course of the fossa Sylvii, a thick cyst was found, $1\frac{1}{4}$ inches long and $\frac{3}{4}$ of an inch broad, which lay with its superior half imbedded in the brain, and adhered to the dura mater from within to near the left foramen opticum. The cerebral substance at the periphery of the cyst was somewhat softened to the depth of one line. The cyst, which had the thickness of the dura mater, consisted of fibrous tissue, contained a yellowish, opaque, albuminous fluid, and was lined on its inner surface with epithelium. Beneath this, and inwards, lay a lobular, reddish, and soft tumor, similar to the substance of the brain, of the size of a pigeon's egg, which was connected by uniting tissue with the brain and the cyst as far as the left foramen opticum. On bisecting this tumor, a nucleus was found in its centre, 5 lines long and 4 broad, which consisted of whitish fibres running parallel, and everywhere surrounded by a soft, reddish, lobular substance, from 4 to 6 lines in thickness. Otherwise the brain was normal. The thoracic and abdominal cavities were not opened. The tumor beneath the chin, which was of the size of a hen's egg, lay in the subcutaneous cellular tissue, and was easily enucleated. It consisted of a yellowish white, tolerably soft, lobular mass, of glandular-like texture (Pancreatic tumor of Abernethy). The latter showed, under the microscope, egg-form cells, with large nuclei predominating, also fat cells and minute fat globules. The cells were either isolated, or connected by amorphous blastema. A few undeveloped fibres could also be seen, which disappeared upon the addition of acetic acid. At the central portion of the nucleus of the cerebral tumor, fibres almost exclusively were found, and a very few cells nearly spindleform. Towards the periphery, cells of an irregular, roundish, and angular form, with imperfect nuclei, were predominant; they everywhere clung thickly together, and thus resembled pavement epithelium. Near the surface the fibres were almost entirely wanting, and cells of an elliptic form, with large nuclei, were chiefly to be seen. Upon the whole surface of the tumor was found much amorphous blastema, with many fat granules, fat cells, free nuclei, and nucleoli.

Case II. A girl, 16 years of age, had had epileptic attacks since her fourth year, which never occurred while standing, but always after lying down at night. The patient was, corporeally and mentally, immature; she could scarcely read or write; but, constantly smiling, exhibited a simple, child-like demeanor. She was pale and emaciated; had frequent vertigo, and frontal headache. The other functions were normal. In the last four weeks of life, the patient manifested great indifference; somnolency, with a slow pulse, were present. Eight days before death there was paralysis of the left half of the body; the epilepsy ceased, but somnolency occurred almost constantly, with involuntary discharges of urine and feces.

Autopsy. The dura and pia mater were congested. A fluctuating motion in the right hemisphere of the brain was observed, at the highest part of which, and nearly corresponding to the parietal tuber, the cerebral substance was so thin that a watery fluid could be seen beneath it, as through a thin membrane. Upon the removal of this thin cerebral lamina, a crystal fluid issued, which had occupied the hemisphere to the lateral ventricle of this side. The right corpus striatum, the thalamus nervi optici, the pes hippocampi major and minor, formed the floor of this cavity, which was lined by a serous membrane. The fluid exhibited under the microscope no organised constituents. The left half of the brain was normal. The inner surface of the skull was studded with pointed wart-like osteophytes. At all these points, as well as at the sides of the coronal suture, the skull was thickened. In the intervals of the osteophytes, the bone was diaphanous. Near the left anterior angle of the right parietal bone, upon its inner surface, was found a depression of the size of a penny, which was surrounded, as with a wall, by thickened bone, and was covered only by pericranium, being a hole in the bone. A similar atrophy of bone was found at the upper part of the os occipitis; and at the point between the pericranium and dura mater was deposited a dirty, yellow, greasy, caseous mass; the bony margin was here porous, unequal, and very much thinned, for two or three lines in width; the contiguous internal osseous surface was less thinned, rough, and unequal, porous at certain points, and studded with osteophytes.—*Schmidl's Jahrbücher.*

PART IV.—HOSPITAL RECORDS.

The limited space available for this department in this issue, necessarily curtails what might be said on the Medical and Surgical practice of the last two months; the following cases, however, are not without their peculiar interest and importance.

WARD'S ISLAND.

In the obstetric wards there has occurred a very smart epidemic of puerperal peritonitis, which has at length fortunately subsided. Its connec-

tion with, or dependence on, the atmospheric condition has been well marked,—its commencement and alternating course following the sudden and inclement changes which have characterized the season. The cases did not admit of depletion; the only one in which general blood-letting was had recourse to, died. Local counter-irritation, warm enemata *per anum et per vaginam*, opium in moderate doses, calomel, and sufficient diet, with absolute rest and quiet, have proved very efficacious.

Erysipelas prevailed among the children, extending, in some cases, to the parturients; attacking, in the latter, principally the head and face, and upper portion of the trunk. The free use of quinine, muriated tincture of iron, and generous diet, was most successful in arresting the progress of the disease. Tonsillitis, of an acute character, attacked many of the infants, accompanied in some cases with pneumonia.

Puerperal convulsions have also proved frequent. One very severe case in a plethoric woman, was followed, a few days after delivery, by peritonitis. The paroxysms were controlled by chloroform, which was found to be, in all the cases, a powerful remedial agent. By its timely administration on the first premonitory symptoms of the paroxysm, the attack was cut short, and a period of sleep and quiet ensued, affording opportunity for applying the other medicamentous treatment. An occasion offered itself for testing Dr. Marshall Hall's theory. It will be remembered that in the course of his lectures, delivered in this city, he stated that he found that on leaving those animals on which he had been experimenting perfectly undisturbed in a dark room, they frequently completely recovered, while those with which the experimentation of excitation was continued, or frequently repeated, were sure to die. Acting on this principle, Dr. Cox strictly prohibited the attendants from handling or disturbing the patient, even during the violence of the spasm, care being taken, however, to prevent her from falling from the bed; it was observed by him, that the slightest touch was sufficient, in some patients, to induce a violent paroxysm, at a time when they were comparatively tranquil. Chloroform was employed continuously in these cases, during varying periods of time, extending, in the one referred to above, to twenty-two hours, with the happiest effect; and in no instance has he been able to trace any unpleasant consequences resulting from the remedy.

There may be seen also in these wards a woman, now moving about and acting as a nurse, who five months ago was paraplegic after delivery. This case was also seen by Dr. M. Hall, whose prognosis was that she would recover the use of her limbs probably in eighteen months—a steady persistence in the administration of strychnine and *the use of the muscles*, has verified this prognosis in a shorter period of time.

It is certainly most pleasing to visit these wards; the cleanliness, com-

fort, and order observable, reflect the highest credit on those in charge of them, while the evident expression of grateful contentment exhibited by the patients, proves how completely they appreciate the noble provision made for them in their hour of need, and the just estimate they form of the skill and kindness displayed in their treatment. To the student who will take the pains to embrace the opportunity afforded him for the acquisition of practical knowledge, the advantage of the clear, fluent, and pointed commentaries of Dr. Cox is invaluable; one cannot avoid feeling some regret while listening to him, that his careful observation, great experience, correct diagnosis, and scientific treatment, are not applied in a more extended manner as a teacher.

In the Medical Wards, the same order and cleanliness prevail, and there is a wide range of disease to investigate. There have been many cases of pleuritis, in several of which the pathognomonic auscultatory signs have been most distinctly marked and presented good lessons of stethoscopic diagnosis. There were also two very interesting cases, of somewhat obscure character. One presenting a nice point of diagnosis in valvular disease of the heart, but to this we shall have occasion to refer again; in the other, an enormous aneurism was detected in the cavity of the thorax, which has proved fatal; and the postmortem appearances it will be our privilege to give in our next. The characteristic bruit was, if perceptible at all, very indistinct.

In the Surgical Wards there is a female patient wearing a tracheal tube, which was inserted five years ago in Dublin, for some affection of the upper part of the trachea, impeding respiration. We have not as yet been able to make ourselves acquainted with the character of this disease, and at present only allude to the case, as possessing some interest from the length of time which the tube has been employed with manifest advantage. She is anxious to know whether something cannot be done to obviate the necessity for its use.

On the 24th ultimo Dr. Carnochan performed amputation of the shoulder-joint, in a case of osteo-sarcoma of the os humeri; and up to the date of our going to press the patient was progressing favorably. A native of Ireland, 34 years of age, a stone-cutter by trade—he is unable to say whether, in the collateral branches of his family, the cancerous diathesis has exhibited itself. He represents himself to have been always stout and healthy, with the exception of occasional rheumatic attacks, which he thinks principally invaded the affected arm. He came to this country three years ago; during the passage out, he received a blow on the arm from a hand-spike; on the subsidence of the tumefaction consequent on the injury, he observed a small tumor, apparently confined to the integument. He has at various times subsequently employed, under advice, several topical applications. The growth of the tumor was for some time very gradual; within

the last eighteen months, however, it began to increase more rapidly, and attained its present enormous dimensions within five months; its progress being much accelerated lately, he thinks, by the escharotic applications made to it by some female charlatan, to whom he was induced to apply for treatment. The disease involves the two upper thirds of the humerus; the limb being, at the most prominent point, about three diameters and a half, as compared with the healthy arm. Its surface was lobulated, and it was pendulous on the posterior aspect of the arm—of a livid hue on the prominent points, and presenting a somewhat fungating opening posteriorly, occasioned by the caustic applications, from which copious bleeding had recently taken place. His debilitated condition, much aggravated by the hæmorrhage, the irksomeness of the disease, and desire of relief, induced him to seek for the operation, to which he had at a former period objected. The arm below the disease, forearm, and hand, were very œdematous. The great weight of the limb had drawn down the shoulder; and the prominence of the disease immediately around the head of the bone gave to it the appearance of displacement; the disease extended completely up to the axilla, and presented, in every direction, grave obstacles to the operator. Happily there was abundance of healthy integument from which to form flaps. It had been suggested, in order to control the hæmorrhage, to pass a ligature under the subclavian; this was accordingly done above the bone. A small roller compress was then placed over the vessel, and the ligature tightened on this by a single turn; the whole being kept in situ, and the ends of the ligature guarded, by an assistant. Commencing his incision at a point a few lines above the prominence of the joint, Dr. Carnochan continued it down for some distance in the mesian line, and then diverging to the posterior aspect of the arm extended the line to the axilla; with a semilunar curve, he continued the incision on the internal and anterior aspect to the point of divergence. The flaps were then dissected off superiorly and laterally sufficiently to permit the disarticulation of the bone. The joint was then easily entered. The dissection of the inferior portion of the tumor was then proceeded with, and at this stage of the operation the brachial vessels were divided. The venous hæmorrhage was most copious—the tumor itself evidently holding a large quantity of blood. There were one or two arterial jets from superficial anastomotic branches, much enlarged; these were, however, controlled by the assistants. The glenoid cavity, corocoid and acromion processes, as also the extremity of the clavicle, were found to be healthy. The axillary vessels were then secured, the ligature on the subclavian slackened, the flaps brought together, and the stump dressed. The weight of the arm, about an hour after removal, was found to be eighteen pounds two ounces. It has fallen to our chance only once before to see so large a mass of disease affecting a single bone in the living subject. It was

of the same nature, and involved the whole of the scapula, the patient died without operation.

Prevented by want of space in this number, the writer of this department of the MONTHLY claims the right and reserves to himself the privilege of commenting on and replying to a passage in the paper published in last month's issue, entitled "Dr. March and his Reviewer," in which an attempt is made to ridicule and cast doubt upon a statement made in the report of Dr. Carnochan's treatment of morbus coxarius.

PART V.—EDITORIAL AND MISCELLANEOUS.

THE MORTALITY AT SEA.—The extraordinary mortality at sea which has prevailed during the past fall, and which, even during the earlier winter months, numbered its victims by scores, is awaking attention in the right quarter. Abroad, "the Thunderer"—the *London Times*—has hurled its demand for a reform; and after it, almost of course, the whole secular press takes up the cry. At home, the press has also been busy, and by much clamoring has succeeded in directing the attention of Congress to the subject. On motion of Mr. Hamilton Fish, in the United States' Senate, a select committee has been appointed to consider the whole matter of the late sickness on the sea, to investigate its nature and causes, and report such action as they may deem necessary. The members of this committee we are assured have gone earnestly to work. They early called, by circular and private letters, upon physicians and surgeons who they presumed might be posted on the subject, upon shippers and masters of vessels engaged in bringing emigrants to the States, and upon all from whom the needed information was likely to be obtained. The following circular indicates the points to which they have already had their attention directed:—

SENATE CHAMBER, WASHINGTON, *Dec. 29, 1853.*

SIR,—A select committee, appointed by the Senate of the United States, to inquire into the causes and the extent of the sickness and mortality prevailing on board the emigrant ships, have instructed me to obtain the opinion of gentlemen of experience and of professional knowledge, both with reference to any deficiency in the provisions of the existing statutes, and the propriety of further legislation.

In conformity with their direction, I take leave to ask your opinion as to the adequacy of the existing laws with respect to:

I. The space allotted to each passenger.

II. The quantity and the quality of the provisions required for each passenger.

III. The permission allowed to the passengers to furnish their own provisions for the voyage, instead of making it, in all cases, the duty of the master to provide them.

IV. Ventilation.

V. The cooking arrangements.

VI. The duty of the master to enforce personal cleanliness, and to insure the cleanliness of the vessel.

The Committee further request your opinion as to the propriety of amending the existing laws by requiring—

VII. The employment of a qualified and experienced surgeon.

VIII. The employment of a reasonable number of attendants to minister to the sick, and to enforce the observance of cleanliness, both of the persons of the passengers and of the vessel.

IX. The separation of the sexes; and the prevention of unnecessary intercourse between the crew and the passengers.

X. A thorough process of disinfecting every vessel, on board of which disease has once made its appearance.

XI. A report to be made, by every vessel bringing emigrant passengers, of the length of voyage, number of passengers, number of deaths, &c., to be published, and to be returned to the State Department.

XII. In case deaths have occurred during the voyage, an inquest to be held under the supervision of Federal officers, and the verdict to be published and returned as above.

XIII. A limitation to the number of passengers allowed in any vessel, in proportion to the tonnage of the vessel.

XIV. A distinction with respect to the number of passengers between vessels passing within the tropics, and those not so passing.

The Committee will also be happy to receive from you any statement of facts within your knowledge, tending to exhibit the extent, or the causes, of the sickness and mortality which have prevailed, or the insufficiency of the provisions of the existing laws, as well as any suggestions which you may think proper to make in connection therewith, or with regard to the proper remedy to be applied.

An early reply, with answers to any or all of the points above suggested, will be esteemed a favor.

Very respectfully,

HAMILTON FISH, *Chairman.*

The Committee is certainly on the right track. There is much reason to hope that it will prosecute its investigations faithfully, and that something will be done to stay this terrible plague. We confess, that we are not without doubts as to the radical nature of the reform that will be wrought. The Committee is earnest enough, Congress is willing enough, and Humanity is on her knees, pleading piteously for it. But here the interests of Humanity and of Commerce conflict, and "Commerce is king."

The alterations in the system of bringing emigrants which are mostly needed, will commend themselves to all who have given the subject much attention.

The very first need of the emigrant on this "middle passage" is *more room*. In fair weather, when the hatches and air-ports can be open, it is not so much matter. But when they are closed, he might as well be screwed down in an air-tight coffin to weather a storm, as expect with comfort or health to breathe in the small number of solid feet that the present law allows. The space should be doubled at the least.

A fixed amount of good food, carefully inspected as to both quantity and quality, on starting, and the balance of it also on reaching port,—it should be made the duty of the vessel to furnish. Passengers should not

be allowed to "find themselves" on the passage, since that art they never yet have learned at home. Inasmuch as during a severe storm it is often difficult to keep the fires burning, a portion of the supplies should be already in the cooked state, which should be fed out so long only as cooking on board is impracticable. Arrangements for cooking should be made much more ample than at present, and strict enforcement be required of the rules fixing the extent to which food shall be cooked.

Ventilation of the steerage should be insisted on. It certainly should be possible, if deep mines, into which no ray of sunshine ever penetrates, can be ventilated. By using iron in the place of wood to construct berths of, and by a free use of windsails, there can be no difficulty in the matter.

Every emigrant ship should be compelled to take out a competent surgeon. Under existing laws, the surgeon is apt to be but a poor vagabond, taking to the sea simply because he cannot make a living on land. The British law forbids a British vessel to clear from Liverpool without a graduate of some British school on board; and the pay for the graduate's services is the exceedingly liberal one of £20 per voyage, drinks excluded, and a free passage back! As there is an abundant supply of worthless surgeons with British diplomas in their pockets, or, on an emergency, never a lack of a diploma to be leased by somebody long enough for the pretended surgeon to clear the ship from the dock, though he should return with the pilot-boat to shore and save the ship his board, and as it is not particularly the interest of the vessel to be provided with a surgeon either good or bad, the fees are kept so low for his services, that no man whose time is worth much or his reputation worth saving, can afford to accept the berth. Now, if Congress will give England a taste of her own prescriptions, all parties will be benefitted. Let it be enacted that no American ship shall leave Liverpool with emigrants unless accompanied by an educated American surgeon, and our ships will be obliged to *take out with them* surgeons. But few Yankee graduates are to be found who will cross the ocean more than once at a salary of an hundred dollars per trip,—the price would soon rise to the proper standard. But it need not be left to find its standard. Let the surgeon be paid *so much*, for every man on board *who is landed alive*; so, compelling him, by a means which even those who are destitute of a conscience respect, to study the health and life of every one on board.

The officer must be very deeply depraved who would conceive it, yet there have been those who have openly said it, when the miserable beings were dying at almost every hour of the day—"Let them die,—for each one there is so much less commutation to pay on landing." Laws are made for rascals,—let the commutation paid on landing, to the Commissioners of Emigration, be at so much for every one *leaving* the Transatlantic port, or born on board, instead of the same sum for every one landed. It would remove this miserable temptation from the path of contemptible avarice.

When sickness breaks out, the invalids should be removed at once to another part of the ship—a temporary hospital set apart for them; nurses should be assigned to their care; and others should be set to clean the vessel at once. The master should have power put into his hands, when the surgeon pronounces it necessary, to order all persons on deck, to enforce bathing, washing, and a change of clothing; to oblige each to keep his portion of the steerage in decent order; and for simply performing his duty faithfully, he should have immunity from the fines and punishments of the courts. Such is now the certainty of punishment to the officer who, when

he knows that his whole ship's burthen of lives depends upon his firmness in compelling a few refractory sea-sick persons to come out of their noisome styes into the air, does his duty in the gentlest manner, that it is customary for such, when they find they are arrested, not to plead the necessity of the case, which blind justice ignores; but to plead guilty, confess to a sudden paroxysm of passion that may not have been felt, and ask the court's indulgence. For knocking a man down when in a towering rage, our courts reprimand and, gently, fine one; for laying hands ever so gingerly, if firmly, on a stubborn passenger, whose laziness endangers the lives of all the rest, it has a dungeon and smarting damages.

If, however, there is a death on board, there should be an inquest held; the deceased should be carefully described; his little property accounted for; and upon reaching port, every ship should be required to render a faithful report of its experiences, the number of sick, and when taken down, and the number of deaths, if any, with the causes of death as found by the inquests. To verify or prove these reports, inspectors here should board the vessel, and note its condition, the quality and quantity of food on board, its sleeping arrangements, and what facilities are furnished for the removal of filth and the preservation of cleanliness. Nor should she be permitted to leave port again until the inspector—a man competent and true, whose fees or continuance in office shall as little as possible depend upon the goodwill of shippers—declares her entirely free from all possible infection.

Means should be taken to separate the sexes, and to put the visits of the crew to the steerage under far greater restrictions. The miserably depraved physical condition of emigrants on ship-board, is but a type of the moral depravity they suffer. Many who start with some regard for the moralities and decencies of life, land utterly shameless and abandoned; and many who leave their homes as pure as they are poor, and as innocent as destitute, reach our shores lost prostitutes. Noble preparatory schools, these, for American citizens! beautiful seminaries for the training of American mothers! But it is cheap; passage-money to the new world is £2 10s., or, for a crack chance, £3! Such cheapness is loathsome when we think of the sickness and death, immorality and crime, that it genders. The whole subject being now before Congress, upon it devolves the duty of enacting a thorough reform. If it cannot be done without raising the price of a passage hither, and diminishing the amount of our immigration, even those tremendous inflictions we will try to be resigned to, though greedy shippers may not find it so easy. If Congress will pass laws embodying some such changes as we have indicated, we have little doubt that many a year will intervene before the angel of death will again be seen hovering so continually over the track of our emigrant ships. Humanity will be spared many a bitter tear; and if the cholera should visit us during the coming fall, we shall have a better conscience to speak of it as a visitation appointed by inscrutable Providence.

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CORRIGENDA.

Will our readers correct the following errors in this and the preceding number of this Journal?

p. 191, line 3, for *Porsal* read *Portal*; for *Desanes* read *Desault*.

" " 4, for *Firske* read *Fricke*.

" note §, for *Porsal* read *Portal*.

p. 250, line 18, read *twenty-one* instead of *eleven*.